ZI 1235



IIT Chicago Kent

MAR 15 1993

College of Law Library

1993

Illinois Register

Rules of Governmental Agencies

Volume 17, Issue 11 — March 12, 1993

Pages 3069-3576

Administrative Code Div. 288 Howlett Bldg. Springfield, IL 62756 (217) 782-9786

published by George H. Ryan Secretary of State

TABLE OF CONTENTS

PROPOSED ROLES	
PUBLIC HEALTH, DEPARTMENT OF Maternal & Child Health Services Code; 77 III. Adm. Code 630	3069
REVENUE, DEPARTMENT OF Senior Citizens & Disabled Persons Property Tax Relief & Pharmaceutical Assistance Act; 86 Ill. Adm. Code 530	3104
TRANSPORTATION, DEPARTMENT OF Vehicle Inspections; 92 Ill. Adm. Code 451	3110
ADOPTED RULES	
CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF Merit & Fitness; 80 Ill. Adm. Code 302	3169
CONSERVATION, DEPARTMENT OF Commercial Fishing & Musseling in Certain Waters of the State; 17 Ill. Adm. Code 830	
EMPLOYMENT SECURITY, DEPARTMENT OF General Application; 56 Ill. Adm. Code 2712	3194
PUBLIC AID, DEPARTMENT OF Aid to the Aged, Blind or Disabled; 89 III. Adm. Code 113 Assistance Standards; 89 III. Adm. Code 111 Diagnosis Related Grouping (DRG) Prospective Payment System (PPS); 89 III. Adm. Code 149 General Assistance; 89 III. Adm. Code 114 Hospital Services; 89 III. Adm. Code 148 Medical Payment; 89 III. Adm. Code 140	3213
PUBLIC HEALTH, DEPARTMENT OF Ambulatory Surgical Treatment Center Licensing Requirements; 77 Ill. Adm. Code 205	350
SAVINGS AND LOAN ASSOCIATIONS, COMMISSIONER OF Residential Mortgage License Act of 1987; 38 Ill. Adm. Code 450	
TRANSPORTATION, DEPARTMENT OF Minimum Safety Standards for Construction of Type I School Buses; 92 Ill. Adm. Code 440	353
Minimum Safety Standards for Construction of Type II School Buses; 92 Ill. Adm. Code 442	

NOTICE OF CORRECTIONS

REVENUE, DEPARTMENT OF Board of Appeals; 86 Ill. Adm. Code 210	1545
NOTICE OF EXPEDITED CORRECTION	
EDUCATION, STATE BOARD OF Public Schools Evaluation, Recognition & Supervision; 23 Ill. Adm. Code 1	553
NOTICE OF PUBLIC INFORMATION	
BANKS AND TRUST COMPANIES, COMMISSIONER OF Notice of Acceptance of an Application for AMBANC Corp., Vincennes, Indiana, to Acquire Farmers' State Bank of Palestine, Palestine, Ill	557
REVENUE, DEPARTMENT OF Index of Letter Rulings (Third Quarter of 1992) (Income Tax)	558
JOINT COMMITTEE ON ADMINISTRATIVE RULES	
Second Notices Received	566
EXECUTIVE ORDERS AND PROCLAMATIONS	
PROCLAMATIONS	
93-041 Agriculture Day 93-042 DuSable Museum of African American History Day 93-043 Licensed Practical Nurse Week 93-044 Gold Heart Day 93-045 Rural Electric And Telephone Youth Day 93-046 David Cray Day 93-047 Lewis And Clark Month 93-048 Youth Art Month 93-049 Business Opportunity Days 93-050 Dr. Charles Richard Drew Center For Health Sciences Continuing Education Day 93-051 Free Paper Week 93-052 Lutheran Schools Week 93-053 Motorcycle Awareness Month 93-054 Sarah Siddons Society Day	567 568 569 570 571 571 572 572 573
93-054 Saran Siddons Society Day	574

CUMULATIVE INDEX 1993 Index - Issue #11	CI-1
SECTIONS AFFECTED INDEX	
1993 Index - Issue #11	

REGISTER PUBLICATION SCHEDULE 1993

Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:	Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:
		. 04	an) lon 4 1003	June 22, 1993	June 29, 1993	28	July 9, 1993
Dec. 16, 1992	Dec. 23, 1992	,	on.) Jan. 4, 1993 Jan. 8, 1993	June 29, 1993	July 6, 1993	29	July 16, 1993
Dec. 23, 1992	Dec. 30, 1992	2	Jan. 15, 1993	July 6, 1993	July 13, 1993	30	July 23, 1993
Dec. 30, 1992	Jan. 5, 1993	3		July 13, 1993	July 20, 1993	31	July 30, 1993
Jan. 5, 1993	Jan. 12, 1993	4	Jan. 22, 1993	July 20, 1993	July 27, 1993	32	Aug. 6, 1993
Jan. 12, 1993	Jan. 19, 1993	5	Jan. 29, 1993	July 27, 1993	Aug. 3, 1993	33	Aug. 13, 1993
Jan. 19, 1993	Jan. 26, 1993	6	Feb. 5, 1993	Aug. 3, 1993	Aug. 10, 1993	34	Aug. 20, 1993
Jan. 26, 1993	Feb. 2, 1993	•	s.) Feb. 16, 1993	Aug. 10, 1993	Aug. 17, 1993	35	Aug. 27, 1993
Feb. 2, 1993	Feb. 9, 1993	8	Feb. 19, 1993	Aug. 17, 1993	Aug. 24, 1993	36	Sept. 3, 1993
Feb. 9, 1993	Feb. 16, 1993	9	Feb. 26, 1993		Aug. 31, 1993	37	Sept, 10, 1993
Feb. 16, 1993	Feb. 23, 1993	10	Mar. 5, 1993	Aug. 24, 1993 Aug. 31, 1993	Sept. 7, 1993	38	Sept. 17, 1993
Feb. 23, 1993	Mar. 2, 1993	11	Mar. 12, 1993		Sept. 14, 1993	39	Sept. 24, 1993
Mar. 2, 1993	Mar. 9, 1993	12	Mar. 19, 1993	Sept. 7, 1993	Sept. 21, 1993	40	Oct. 1, 1993
Mar. 9, 1993	Mar. 16, 1993	13	Mar. 26, 1993	Sept. 14, 1993	Sept. 28, 1993	41	Oct. 8, 1993
Mar. 16, 1993	Mar. 23, 1993	14	Apr. 2, 1993	Sept. 21, 1993	Oct. 5, 1993	42	Oct. 15, 1993
Mar. 23, 1993	Mar. 30, 1993	15	Apr. 9, 1993	Sept. 28, 1993	Oct. 12, 1993	43	Oct. 22, 1993
Mar. 30, 1993	Apr. 6, 1993	16	Apr. 16, 1993	Oct. 5, 1993	Oct. 19, 1993	44	Oct. 29, 1993
Apr. 6, 1993	Apr. 13, 1993	17	Apr. 23, 1993	Oct. 12, 1993		45	Nov. 5, 1993
Apr. 13, 1993	Apr. 20, 1993	18	Apr. 30, 1993	Oct. 19, 1993	Oct. 26, 1993	46	Nov. 12, 1993
Apr. 20, 1993	Apr. 27, 1993	19	May 7, 1993	Oct. 26, 1993	Nov. 2, 1993	47	Nov. 19, 1993
Apr. 27, 1993	May 4, 1993	20	May 14, 1993	Nov. 2, 1993	Nov. 9, 1993	48	Nov. 29, 1993 (Mon.)
May 4, 1993	May 11, 1993	21	May 21, 1993	Nov. 9, 1993	Nov. 16, 1993	49	Dec. 3, 1993
May 11, 1993	May 18, 1993	22	May 28, 1993	Nov. 16, 1993	Nov. 23, 1993	50	Dec. 10, 1993
May 18, 1993	May 25, 1993	23	June 4, 1993	Nov. 23, 1993	Nov. 30, 1993	51	Dec. 17, 1993
May 25, 1993	June 1, 1993	24	June 11, 1993	Nov. 30, 1993	Dec. 7, 1993	52	Dec. 27, 1993 (Mon)
June 1, 1993	June 8, 1993	25	June 18, 1993	Dec. 7, 1993	Dec. 14, 1993	32	Jan. 3, 1994 (Mon.)
June 8, 1993	June 15, 1993	26	June 25, 1993	Dec. 14, 1993	Dec. 21, 1993	2	Jan. 7, 1994
June 15 1993	June 22, 1993	27	July 2, 1993	Dec. 21, 1993	Dec. 28, 1993	2	Jan. 7, 1334

Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday (the day before).

NOTICE OF PROPOSED AMENDMENTS

Part
the
of
Heading
The

Maternal and Child Health Services Code

2) Code Citation:

77 Ill. Adm. Code 630

Section Numbers:

630.220

Amendment

Proposed Action:

4) Statutory Authority:

The Civil Administrative Code of Illinois (III. Rev. Stat. 1991, ch. 127, par 55 et seq.)

5) A Complete Description of the Subject and Issues Involved:

The proposed amendments relax requirements for personnel, frequency of face-to-face contact and performance of home visits for case management activities conducted by IDPH grantees. Other changes make the content of case management activities uniform across the four target populations (pregnant women, infants, children, and adolescents)

6) Will this Rulemaking Replace an Emergency Rule Currently in Effect?

No X

7) Does this Rulemaking Contain an Automatic Repeal Date? Yes No X

If "yes" please specify the date:

8) Does this Rulemaking Contain any Incorporations by Reference?

Yes____ No_X

9) Are there any other Proposed Amendments Pending on this Part? Yes.___

No X

If yes:

Section Numbers Proposed Action

III. Reg. Citation

10) Statement of Statewide Policy Objectives:

The objectives of these proposed amendments are to reduce costs to local governments and private not-for-profit corporations receiving grant funds from the Department, and to define requirements for case management activities in the Healthy Moms, Healthy Kids initiative.

ILLINOIS REGISTER

3070

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

 Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking;

Interested persons may present their comments concerning these rules by writing to Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761, within 45 days after this issue of the Illinois Register

These rules may have an impact on small businesses. In accordance with Sections 3.01 and 4.03 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 3.10 of the Illinois Administrative Procedure Act commenting on these rules shall indicated their status as such in their comments.

- 12) Initial Regulatory Flexibility Analysis:
- A) Date Rulemaking was Submitted to the Business Assistance Office of the Department of Commerce and Community Affairs.
- B) Type of Small Businesses Affected:

Private not-for-profit agencies receiving grant funds from the Department. Units of local government receiving grant funds from the Department are also affected.

C) Reporting, Bookkeeping or Other Procedures Required for Compliance;

No change in requirements

D) Types of Professional Skills Necessary for Compliance;

No change in requirements

The full text of the Proposed Amendments begins on the next page:

NOTICE OF PROPOSED AMENDMENTS

SUBCHAPTER i: MATERNAL AND CHILD HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH TITLE 77: PUBLIC HEALTH

PART 630

MATERNAL AND CHILD HEALTH SERVICES CODE

SUBPART A: GENERAL

	Legislative Base Administration Incorporated Materials	SUBPART B: PRENATAL AND NEWBORN CARE PROGR	Health Services for Women of Reproductive Age Health Services for Children in the First Year of Life	SUBPART C: CHILD HEALTH CARE PROGRAM	
Section 630.10 630.25 630.25 Sectior 630.30	Section 630.10 630.20 630.25		Section 630.30 630.40		

PROGRAM

Health Services for Children from One Year of Age to Early Adolescence Health Services for Adolescents

630.50 630.60 Section

SUBPART D: ADMINISTRATIVE REQUIREMENTS

	Definitions	Standards	Records	Reports	In-Service Training	Evaluation	Use of Project Funds	Program Income	Eligibility for Services	Availability of Services	Utilization of Community Resources	Abortions and Sterilizations	Reasonable Cost	Preparation of Applications	
Section	630.70	630.80	630.90	630.100	630.110	630,120	630.130	630.140	630.150	630.160	630.170	630.180	630.190	630.200	

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

*	
v Ľ	
under Administrative Review	h and Case Management
Review	Outreac
0.210	80.220

Illinois Department of Public Health Reimbursement Certification Form Instructions for Completing Reimbursement Certification Form MCH Grant Proposal Review Form Appendix C Appendix B Appendix A

Plans to Achieve Objectives Appendix D

Application and Plan for Public Health Program Grant Appendix E

certain powers and duties in relation thereto, providing penalties for violations thereof, to repeal an Act par. 10.2a), the Infant Mortality Reduction Act (III. Rev. Stat. 1989, ch. 111 1/2, pars. 7001 et seq.), the 1989, ch. 111 1/3, pars. 1301 et seq.), "AN ACT concerning the disease of phenylketonuria, designating therein named and to make an appropriation in connection therewith (III. Rev. Stat. 1989, ch. 111 1/2, AUTHORITY: Implementing "AN ACT relating to the prevention of developmental disabilities" (III. pars. 4903 et seq.), "AN ACT to revise the law in relation to coroners" (III. Rev. Stat. 1989, ch. 31, Problem Pregnancy Health Services and Care Act (III. Rev. Stat. 1989, ch. 111 %, pars. 4601-100Rev. Stat. 1989, ch. 111 1/5, pars. 2101 et seq.), the Lead Poisoning Prevention Act (III. Rev. Stat. et seq.), and authorized by the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1989, ch. 127,

16422, effective November 23, 1983; amended at 14 III. Reg. 11219, effective July 1, 1990; amended SOURCE: Adopted and codified at 6 III. Reg. 5566, effective April 20, 1982; amended at 7 III. Reg. at 15 III. Reg. 13874, effective September 27, 1991; amended at 17 III. Reg.

SUBPART D: ADMINISTRATIVE REQUIREMENTS

effective

Section 630.220 Outreach and Case Management

- Definitions. Outreach and case management are defined in Section 630.70. a)
- "May" is used to indicate permitted outreach and case management activities.
- "Must" is used to indicate required outreach and case management activities. 5
- 'Shall" is used to indicate required outreach and case management activities. 3
- Should" is used to indicate recommended outreach and case management activities. 4
- "Advocacy" and "Advocate" mean that the case manager will ensure, to the extent possible, that the participant receives needed services. 2

Agency Requirements 9

NOTICE OF PROPOSED AMENDMENTS

- The agency must agree to help a program participant apply for benefits under the Medicaid program. 7
- Physical facilities to be used for serving participants must be comfortable, safe, construction, sanitation and health. The agency must be able to furnish proof upon request that all such local requirements have been met. In addition, a space for meetings with participants that is conducive to privacy should be and clean, and must meet local requirements for fire safety, building available. 5)
- services and demonstrate (by written agreements or other means such as letters demonstrate an understanding of the concept and delivery of case management of support) linkages to relevant service and health care agencies serving the The agency must be capable of delivering services to the target population, 3
- The agency must conduct outreach activities to the target population and medical providers in the geographic area to be served, 4
- Direct service staff for the program must meet the standards defined for case managers (in subsection (c)(1)(A) or (B)) and proof of licensure must be available upon request. 2
- The agency must be able to deliver case management services appropriate to the individual recipient's level of need. This includes: 9
- the ability to respond promptly to medical provider referrals for case management; A
- the ability to conduct health, nutrition, psychosocial and environmental with input and approval of the participant or, in the case of infants and assessments, and develop a care plan for the appropriate level of care oung children, of the parent or legal guardian; B)
- the ability to advocate on the participant's behalf to facilitate access to services; 0
- the ability to provide or arrange for bilingual and sign language services if possible; <u>a</u>
- the ability to coordinate agency and other community services for the participant; $\widehat{\Xi}$
- the ability to establish referral systems to other community agencies; Œ.

ILLINOIS REGISTER

3074

93

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- the ability to ensure ongoing communication with the recipient's prenatal or pediatric care provider, Ô
- the capacity to remind participants of appointments for services and follow-up to ascertain service delivery; and Î
- activities, including assessment, service planning, referral, follow-up, Department or its designee for all aspects of case management the ability to implement establish protocols established by the idvocacy and case closure.
- The agency must be able to provide services in medical, home and other settings such as schools and churches. 7
- system. Documentation of all services provided is to be maintained in this The agency must maintain an adequate and confidential participant records system. (Refer to Section 630.90.) 8

Provider Qualifications and Role 0

- Qualifications. The case manager must meet one of the following qualifications: \Box
- Illinois Nursing Act of 1987 (III. Rev. Stat. 1989, ch. 111, par. 3512) a registered professional nurse licensed pursuant to Section 12 of the (Y
- two years of experience in community health or maternal and child health nursing, or
- recognized or accredited program and one year of experience in community health or maternal and child health nursing, or a Bachelor of Science in Nursing (B.S.N.) degree from a Ξ
- experience described herein, until the case manager obtains the supervision by a registered professional nurse, licensed social worker or licensed clinical social worker with the length of ength of experience required above. Ê
- a clinical social worker licensed pursuant to Section 9 or social worker licensed pursuant to Section 9A of the Clinical Social Work and Social Work Practice Act (III. Rev. Stat. 1989, ch. 111, par. 6351 et seq. and 68 Ill. Adm. Code 1470) and: B)

NOTICE OF PROPOSED AMENDMENTS

- one year of experience in providing services to families with young children, or
- described herein until the case manager obtains the length of licensed clinical social worker with the length of experience supervision by a registered nurse, licensed social worker or experience required above. 9
- science, social science or health-related area; or a baccalaureate degree requirements of subsection (A) or (B) above until they have a total of community services; or an associate degree and two years experience in child, family or community services. Case managers meeting only possess a master's degree or baccalaureate degree in a behavioral this qualification must be supervised by a case manager meeting in any other area and one year of experience in child, family or three years of supervised case management experience. 0
- Exception process: The Department will use the following procedures when grantees' staff do not meet the qualifications listed above or when they are unable to recruit qualified staff. a
- Individuals employed by a grantee, at the time of the adoption of this Section, to conduct case management activities as described in this Section will be deemed qualified.
- Grantees that can demonstrate an inability to recruit individuals experience that the grantee proposes to require in filling the grantee's efforts to recruit qualified staff; the education and position; a justification of why the proposed education and exception if it is requested in writing and documents: the exception. The Department or its designee will grant an requirements; and a plan for bringing the individual into who meet the qualifications listed above may request an experience are functionally equivalent to the above compliance within a two-year period. Œ
- assessment, service planning, referral, and reassessment of participant's accessing needed services, as well as providing support and assistance Lay Community Workers. Paraprofessionals and lay workers may be follow-up with participants or providers to ensure that participants are that participants may require to access services. The functions of needs are limited to the case manager. Paraprofessionals and lay supervision of the case manager. These functions may include used to perform some case management functions under the 回

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

workers may also be used to conduct outreach activities.

7)

- help participants or their caregivers learn to accept responsibility for their own agencies in the community who are available to meet a wide variety of human needs. At first, the case manager will likely be responsible for most of these management is to enhance the participants' or their caregivers' strengths and Role of the Case Manager. One goal of the case management process is to resources by teaching them skills for seeking out and using individuals and participate more actively, while the case manager adopts a more supportive activities. As time passes, the participants or their caregivers will ideally role. The case management process includes the following activities: lifestyle and promote their own health. Another major goal of case
- assessment of needed health and social services; A
- development of an Individual Care Plan with input from in conjunction with the primary care provider, the participant or, in the case of infants and young children, with the parent or legal guardian; B)
- referral of participants to appropriate providers within the community for services identified in the Individual Care Plan; Û
- on-going follow-up with participants or service providers to determine whether participants have accessed services. Follow-up should be continuous from initial identification through case closure; a
- periodic reassessment of participant's needs, as described in these $\widehat{\Xi}$
- advocacy to assist participants in accessing services;

E

- procedures for terminating the professional relationship between the participant and the case manager when the participant no longer requires case management; Ô
- case management activities should be provided during a face-to-face contact with the program participant whenever possible; and Ê
- case managers may also perform outreach activities on a less than full-time basis.
- participant's primary medical care provider or may be located elsewhere. The case manager is required to provide case management services in the client's Setting. The case manager may be in the same office or clinic as the 3)

NOTICE OF PROPOSED AMENDMENTS

home as specified in Section 630.220(f)(3), (g)(3), (h)(2) and (i)(2).

- Use of Lay Community Workers. Paraprofessionals and lay workers may be used to perform some case management functions under the supervision of the case manager. These functions may include follow up with participants or providers to ensure that participants are accessing needed services, as well as providing support and assistance that participants may require to access services. The functions of assessment, service planning, referral, and reassessment of participant's needs are limited to the case manager. Paraprofessionals and lay workers may also be used to conduct outreach activities.
- Individual Care Plan. Each participant receiving case management services shall have an individual care plan. The case manager should utilize the recommendations from the primary care provider, other service providers as appropriate, physician and from the initial social and nutritional assessments to develop an individual care plan with the participant. Development of the individualized care plan may include discussions with other providers identified in the plan (provided that the participant has consented in writing to such discussions); and telephone calls to, face-to-face meetings with, or home visits to the participant. The care plan may be signed by the participant and the case manager, a copy of the care plan should be given to the participant and a copy may be sent to her physician. The individual care plan may be included as a component of the clinical record.

P

- For pregnant women, the individual care plan or clinical record must include, but is not limited to, the following:
- A) determination of eligibility status for all payment mechanisms for medical services;
- referral, if necessary, for physician services: ensuring the participant's freedom of choice of medical care providers;
- an inventory of all of the service providers involved with the participant;
- D) a list of the agencies to which the participant will be referred;
- E) a problem list and plans for problem resolution;
- an assessment or assessments to determine the need for health, mental health, social, educational, vocational, substance abuse treatment, child care, transportation or other services;

ILLINOIS REGISTER

3078

93

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- identification of needed parenting education, such as programs available from the Department of Alcoholism and Substance Abuse or the Department of Children and Family Services.
- For infants, the individual care plan or clinical record must include, but is not limited to:
- determination of eligibility status for all payment mechanisms for medical services;
- referral, if necessary, for physician services including well child and sick child care, ensuring the participant's freedom of choice of medical care providers;
- an inventory of all of the service providers involved with the participant;
- D) a list of the agencies to which the participant will be referred;
- E) a problem list and plans for problem resolution;
- F) an assessment or assessments to determine the need for health, mental health, social, educational, vocational, <u>substance abuse treatment</u>, child care, transportation or other services₂;
- G) identification of needed parenting education, such as programs available from the Department of Alcoholism and Substance Abuse or the Department of Children and Family Services.
- For children, the individual care plan or clinical record must include, but is not limited to:
- determination of eligibility status for all payment mechanisms for medical services;
- B) referral, if necessary:
- for physician services, including well child and sick child care, ensuring continuity of care; and the participant's freedom of choice of medical providers; or
- to the University of Illinois Division of <u>Specialized Care for</u> Services for Crippled Children;

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- an inventory of all of the service providers involved with the participant; 0
- a list of the agencies to which the participant will be referred; 0
- a problem list and plans for problem resolution; $\widehat{\mathbf{E}}$
- identification of needed nutrition and food supplementation programs, such as the Special Supplemental Food Program for Women, Infants and Children (WIC) or the Commodity Supplemental Food Program Î
- identification of needed early intervention services for infants and oddlers; 6
- education, special education, Head Start, Pre-Kindergarten At-Risk identification of needed education services, including general programs, etc.; $\widehat{\mathbf{H}}$
- identification of needed transportation services;
- identification of needed child care services including day care, respite Developmental Disabilities, the Department of Rehabilitation Services or the Department of Children and Family Services), latch key and care programs (through the Department of Mental Health and after-school programs; 5
- identification of current and needed general and special education services; ¥
- all service components identified for pregnant women if a pregnancy exists (refer to subsection (d)(1)); T
- health, substance abuse and nutritional/dietary services as appropriate identification of needed sexuality education, family planning, mental to the child's age; and P
- identification of needed speech, language, vision or hearing services; and 2
- identification of needed parenting education, such as programs available from the Department of Alcoholism and Substance Abuse or the Department of Children and Family Services. (10

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

For adolescents, the individual care plan or clinical record must include, but is not limited to:

4

- determination of eligibility status for all payment mechanisms for medical services; A)
- referral, if necessary: B)
- for physician services, including well child and sick child care, ensuring continuity of care and the participants' freedom of choice of medical providers; or 0
- to the University of Illinois Division of Specialized Care for Services for Crippled Children; **=**
- an inventory of all of the service providers involved with the participant; Û
- a list of the agencies to which the participant will be referred; 0
- a problem list and plans for problem resolution; $\widehat{\mathbf{E}}$
- Supplemental Food Program for Women, Infants and Children (WIC) identification of needed nutrition services, such as the Special or the Commodity Supplemental Food Program (CSFP); Œ
- identification of needed early intervention services for at-risk adolescents, such as emergency housing, crisis intervention; G
- identification of needed transportation services; $\widehat{\Xi}$
- dentification of needed after-school programs or respite care;
- dentification of current and needed general, vocational, higher education, G.E.D. or special education services; 5
- all service components identified for pregnant women if a pregnancy exists (refer to subsection (d)(1)); and Q
- training, mental health, substance abuse and nutritional/dietary services identification of needed sexuality education, family planning, parenting as appropriate for the adolescent's age; î
- identification of needed speech, language, vision or hearing services; Z

NOTICE OF PROPOSED AMENDMENTS

- available from the Department of Alcoholism and Substance Abuse or identification of needed parenting education, such as programs the Department of Children and Family Services. Z
- Clinical record. The participant's clinical record shall contain, but is not limited to: (c)
- number, sex, race, hispanic origin, date of birth, marital status, date of initial identifying information including name, case number, address and telephone contact and initiation of case management services, and source of referral; \Box
- documentation of the participant's eligibility status for all payment mechanisms for medical care; 5
- assessment and reassessment reports; 3
- an individual care plan, progress reviews and notes; 4
- documentation of missed appointments and attempts to follow up on missed appointments of those participants the case manager or physician have identified as noncompliant; í,
- documentation of each service rendered by the case manager as described in subsections (d), (f), (g), (h) and (i); (9
- documentation of participant's authorization of the case manager to release information to providers of necessary services; and-
- documentation of the participant's primary care provider. œ
- Prenatal and Postpartum Case Management <u>_</u>
- Prenatal Case Management
- should include emotional support, stress, lifestyle risk (including use of alcohol and illicit or nonprescription drugs, smoking, diet, and activity) treatment, child care, transportation and or other services any services health, mental health, social, educational, vocational, substance abuse needed to ensure access to health care. Psychosocial risk assessment nutritional assessment information should be conducted and may be Assessment and Development of the Care Plan. An assessment or assessments shall be done to determine the participant's need for and parenting skills (refer to Section 630,30(b)(3)(E)). Basic A)

ILLINOIS REGISTER

3082 93

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

injury. The case manager shall analyze all assessment results and with light, cooking, refrigeration, sanitation, etc.) and risks of unintentional develop an individualized care plan consistent with subsection (d)(1). development of the care plan. An environmental assessment should include the condition of housing, availability of utilities (water, heat, input from the primary care provider, jointly, with the participant obtained from the local Special Supplemental Food Program for Women, Infants and Children program staff and used in the

- Assignment of Participants. Each participanting family should be assigned to one case manager. B)
- The case manager must have face-to-face contact with the participant is receiving case management services, and have as much additional contact as necessary to facilitate the participant's access to participant at least once during each trimester of pregnancy the 0
- services identified in the individual care plan, including but not limited Referral and Advocacy. The case manager shall make any necessary referrals and advocate as necessary on the participant's behalf for a
- primary medical care.
- casework, or needed social services including food, clothing, the local office of the Illinois Department of Public Aid for assistance or other agencies for needed transportation, shelter, or other material assistance;
- Special Supplemental Food Program for Women, Infants and Children (WIC) or the Commodity Supplemental Food Program (CSFP); and Ξ,
- other social service agencies as needed.
- activities shall include, as necessary, a review of the implementation of the individual care plan using any additional information received from the individualized care plan to date. The case manager should update Follow up and Reassessment. Subsequent prenatal case management the physician or other service providers. A copy of the revised care plan should be given to the participant and may be given to her diversion. Î

ILLINOIS REGISTER.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- High-Risk Prenatal Case Management 5
- Content. High-Risk Prenatal Case Management includes all the service compliance with recommendations regarding the high-risk condition(s). components of Prenatal Case Management, including a review of the implementation of the individualized care plan to date, emphasizing (A
- Frequency. High-Risk case management may be provided as frequently as needed. B)
- Eligibility. High-Risk Prenatal Case Management may be provided complications by the primary care provider or by risk assessment. when the participant is determined to be at high risk for medical Û
- Home Visits. Case management activities shall be conducted in the participant's home at least once prenatally. 3
- Case Closure: 4
- requirements allow participants to continue receiving case management services, prenatal case closure occurs management will terminate two Criteria for closure. Unless other family members are program months post delivery or pregnancy loss, or when: (A
- the participant no longer meets age or income eligibility criteria for case management funding;
- the participant requests closure; 4
- the medical provider requests closure with the participant's and the case manager's agreement, :
- the participant moves out of the grantee's service area;
- the participant dies; or (<u>*</u>iii
- the case manager is no longer able to reach the participant. €.
- Content. At the time of closure, the case manager should ensure that the following activities have been completed, as appropriate for the participant's circumstances: B
- the participant has located a medical care provider for continued care for herself and her infant; :=

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- the participant is referred for family planning services; Ξ
- the participant is referred for postpartum WIC or Commodity Supplemental Food Program (CSFP) certification; (III)
- the participant's infant is referred for WIC or CSFP certification; $\widehat{\geq}$
- the infant has begun or been referred for immunizations (if these are not contraindicated or declined by the parent); 5
- the participant has completed application for Medicaid for her infant; and (i
- the participant has been given information regarding child restraint seats. Vii)
- records may be transferred to the new case management agency if the If the participant is moving to another area, the participant's case participant's consent is obtained. 0

Infant Case Management 8

- Infant Case Management 7
- assessments shall be conducted to identify the infant's or the family's substance abuse treatment, child care, transportation and any or other primary care provider, parent or caregiver, develop an individualized manager will analyze all assessment results and, with input from the care plan (refer to subsection (d)(2)). Additional assessments to be Assessment and Development of the Care Plan. An assessment or services services needed to ensure access to health care. The case needs for health, mental health, social, educational, vocational, conducted or arranged by the case manager include: (Y
- a nutritional assessment of the infant (and the mother if she is breastfeeding) (refer to Section 630.40(b)(1)(E));
- evidence of bonding with infant, parenting skills and education of parents. Parental problems may need to be assessed also if a psychosocial assessment including composition of family, they impact on the infant; <u>=</u>
- support systems available to parents or caregivers;

source of primary care and emergency care;

 environmental assessment, including at least the condition of housing, availability of utilities (water, heat, light, cooking, refrigeration, sanitation, etc.) and risks of unintentional injury;

vi) developmental assessment of the infant.

Assignment of participants. Each participanting family should be assigned to one case manager.

0

Frequency. The case manager should have face-to-face contact with the participant two weeks following newborn discharge or receipt of referral, and must have face-to-face contact at two months of age, four months of age, six months of age,—nine months of age and twelve months of age, and have as much additional contact as necessary to facilitate the participant's access to services.

D) Referral and Advocacy. The case manager shall make any necessary referrals and advocate as necessary on the participant's behalf for services identified in the individual care plan, including but not limited

primary medical care;

the local office of the Illinois Department of Public Aid for assistance or other agencies for needed transportation, casework, or needed social services including food, clothing, shelter, or other material assistance;

Special Supplemental Food Program for Women, Infants and Children (WIC) or the Commodity Supplemental Food Program (('SFP);

ivii) family planning services for the parents; and

iv) other social service agencies as needed; and

vi services for Children with Special Health Care Needs from the University of Illinois Division of Specialized Care for Children

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

E) Follow-up and Reassessment. Subsequent case management activities shall include a review of the individual care plan with the parent or caregiver to determine whether problems are being resolved and whether new ones have arisen. The case manager should update the individual care plan, using any additional information received from the physician or other service providers. A copy of the revised care plan should be given to the participant and may be given to the infant's physician.

2) High-Risk Infant Case Management

 Content. High-Risk Infant Case Management must include a face-to-face encounter and includes all the service components of Infant Case Management. B) Frequency. High-Risk Infant Case Management is a monthly service.

Eligibility. Enhanced Infant Case Management may be provided by the case manager when the infant has been identified by the primary care provider as high risk or through the Adverse Pregnancy Outcome Reporting System (APORS) (refer to III. Rev. Star. 1989, ch. 111 112. par. 6701 et seq. and 77 III. Adm. Code 840.210), when the infant has been diagnosed with a serious medical condition after newborn discharge, when maternal alcohol or drug addiction has been diagnosed or when child abuse or neglect has been indicated based on investigation by the Illinois Department of Children and Family. Services. Similarly, APORS infants whose conditions are minor and whose environments are stable may be transferred into the low risk follow-up regime.

3) Home Visits. Case management services must be delivered in the participant's home at least once during infancy, <u>unless a home visit was performed</u> prenatally.

4) Case Closure:

Criteria for closure. Unless other family members are receiving case management, case closure occurs when Case management may be terminated at age one. If case closure occurs at age one, the following criteria should be met, as appropriate to the participants.

 the participant no longer meets age or income eligibility criteria for ease management funding. ILLINOIS REGISTER

NOTICE OF PROPOSED AMENDMENTS DEPARTMENT OF PUBLIC HEALTH

- the parent(s) or guardian(s) requests closure; 1
- the medical provider requests closure with the participant's and case manager's agreement; :
- the participant moves out of the grantee's service area; Ē
- the participant dies; (±<u>i</u>;
- the case manager is no longer able to reach the participant; €.
- University of Illinois Division of Specialized Care for Services the infant is enrolled in another agency or program, such as Early Intervention programs for infants and toddlers or the for Crippled Children, which provides case management (†)
- the infant is healthy, meets developmental milestones, and has an adequate family support system. VII)
- Content. At the time of closure, the case manager should ensure that the following activities have been completed, as appropriate for the participant's circumstances: $\widehat{\mathbf{B}}$
- a source of continued acute and preventive health care is identified;
- referrals for follow-up services are made if the infant does not meet developmental milestones; $\widehat{\Xi}$
- immunizations are up-to-date, or reasons for delay are documented; and Œ.
- family has completed application for Medicaid for the infant. <u>^</u>
- records may be transfered to the new case management agency, if the If the participant is moving to another area, the participant's case participant's consent is obtained. 0
- Child Case Management. "Child" refers to a person whose age is between his or her first (1) and thirteenth (13) birthdays. E
- Child Case Management \Box

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- assessments must be conducted to identify the child's or family's needs subsection (d)(3)). The case manager should ensure that the following parent(s) or caregiver(s), develop an individualized care plan (refer to abuse treatment, child care, transportation and any services needed to Assessment and Development of the Care Plan. An assessment or for health, mental health, social, educational, vocational, substance assessment results and, with input from the primary care provider, ensure access to health care. The case manager will analyze all assessments are completed: A)
- a nutritional assessment of the child (which may include interviewing the mother or primary caregiver) (refer to Section 630.40(b)(1)(E));
- mental illness, sexual abuse, and child abuse). If detected or a psychosocial assessment including composition of family, evidence of social problems (for example, substance abuse, suspected, appropriate intervention and referrals should be emotional supports, stress, parenting skills, lifestyle and made (refer to Section 630.40(b)(5)(D)); Ξ
- an assessment of the support systems available to parents or caregivers;
- identification of the social and health services currently used by family including source of primary care and emergency €
- refrigeration, sanitation, etc.) and risks of unintentional injury; of housing, availability of utilities (water, heat, light, cooking, an environmental assessment, including at least the condition >
- other services needed to ensure access to needed health care services; 3
- developmental assessment of the child. :=|
- Assignment of participants. Each participatingne family should be assigned to one case manager. $\widehat{\mathbf{B}}$
- identified need or the professional judgment of the case manager. At least one face-to-face contact must occur each year. Telephone contact Frequency. Case management contact should be made on the basis of Û

93

NOTICE OF PROPOSED AMENDMENTS

is acceptable when a face to face contact is impossible or if there is satisfactory progress.

- services identified in the individual care plan, including but not limited Referral and Advocacy. The case manager shall make any necessary referrals and advocate as necessary on the participant's behalf for â
- primary medical care;
- financial assistance or other agencies for needed transportation, casework, or needed social services including food, clothing, the local office of the Illinois Department of Public Aid for shelter, or other material assistance; <u>=</u>
- the Special Supplemental Food Program for Women, Infants, and Children (WIC) or the Commodity Supplemental Food Program (CSFP); $\widehat{\Xi}$
- Services for Children with Special Health Care Needs from the University of Illinois Division of Specialized Care for Services for Crippled Children (DSCC); (HAI
- Early Intervention Services as needed; (\(\chi_{\frac{1}{2}}\)
- Other social service agencies as needed. <u>\S_</u>
- should update the individual care plan using any additional information and the child's parent or caregiver to determine whether problems are being resolved and whether new ones have arisen. The case manager revised care plan should be given to the participant and may be given review of the individual care plan by the case manager with the child Follow-up. Subsequent case management contacts shall include a received from the physician or other service providers. to the child's physician. $\widehat{\mathbf{E}}$
- already been conducted within the last twenty-four months for another family member), when the need has been established, when the child's or family's Home Visits. Case management services must should be delivered in the participant's home at least once every two years (if a home visit has not circumstances change, or more frequently if necessary.
- Case Closure: 3

DEPARTMENT OF PUBLIC HEALTH

ILLINOIS REGISTER

NOTICE OF PROPOSED AMENDMENTS

- Criteria for closure. Unless other family members are receiving case management, cease closure occurs management will terminate when all identified needs have been resolved, or when: ¥
- the participant no longer meets age or income eligibility criteria for case management funding;
- the participant requests closure;

4

- the medical provider requests closure with the participant's and case manager's agreement;
- the participant moves out of the grantee's service area; (±
- the participant dies; or (±iīī
- the case manager is no longer able to reach the participant. $\widehat{\Sigma}$
- Content. At the time of closure, the case manager should ensure that the following activities have been completed, as appropriate for the participant's circumstances; B)
- the participant has located a medical care provider for continued care:
- Supplemental Food Program (CSFP) certification; the participant is referred for WIC or Commodity (11)
- the participant has begun immunizations (if these are not medically contraindicated or declined by the parent); Ē
- the participant has completed application for Medicand; and
- the participant has a child restraint seat or has been instructed in seat belt usage. 5
- records may be transferred to the new case management provider, if If the participant is moving to another area, the participant's case the participant's consent is obtained 0
- Adolescent Case Management. "Adolescent" means a person whose age is between his or her thirteenth (13) and twentieth (20) birthdays

:=

Adolescent Case Management

NOTICE OF PROPOSED AMENDMENTS

- from the primary care provider, develop an individualized care plan in subsection (d)(4)). The case manager should ensure that the following health, mental health, social, educational, vocational, substance abuse The case manager will analyze all assessment results and, with input assessments must be conducted to identify the adolescent's needs for conjunction with the adolescent and/or the parent/guardian (refer to reatment, and any services needed to ensure access to health care. Assessment and Development of the Care Plan. An assessment or assessments are completed: (A
- a nutritional assessment of the adolescent (refer to Section 630.40(b)(1)(E));
- mental illness, sexual abuse, and child abuse). If detected or a psychosocial assessment including composition of family, evidence of social problems (for example, substance abuse, suspected, appropriate intervention and referrals should be emotional supports, stress, parenting skills, lifestyle and made (refer to Section 630.40(b)(5)(D)); :=
- support systems available to the adolescent; \equiv
- social and health services currently used by the adolescent including source of primary care and emergency care; and \leq
- of housing, availability of utilities (water, heat, light, cooking, refrigeration, sanitation, etc.) and risks of unintentional injury; an environmental assessment, including at least the condition and: ?
- other services needed to ensure access to needed heatlh care services. <u></u>
- Assignment of participants. Each participanting family should be assigned to one case manager. B
- Frequency. Case management contact should be made on the basis of least one face-to-face contact must occur each year. At least quarterly identified need or the professional judgment of the case manager. \underline{At} telephone contact is acceptable when a face to face contact is impossible or if there is satisfactory progress. Û
- Referral and Advocacy. The case manager shall make any necessary referrals and advocate as necessary on the participant's behalf for â

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

services identified in the individual care plan, including but not limited

- primary medical care;
- financial assistance or other agencies for needed transportation, casework, or needed social services including food, clothing, the local office of the Illinois Department of Public Aid for shelter, or other material assistance; Ξ,
- Services for Children with Special Health Care Needs from the University of Illinois Division of Specialized Care for Services for Crippled Children (DSCC); $\widehat{\Xi}$
- other social service agencies as needed. (<u>†</u>
- If the adolescent is or becomes pregnant, the service content would be the same as that for Prenatal Case Management (refer to subsection (f)). $\widehat{\Xi}$
- must include, as necessary, a review of the individualized care plan to the physician and other service providers to update the individual care services which would not breach client/provider confidentiality, a copy adolescent and may be given to the adolescent's physician. For those have arisen. The case manager should utilize recommendations from Follow-up and Reassessment. Subsequent case management activity determine whether problems are being resolved or if new problems plan. A copy of the revised care plan should be given to the may also be shared with the parent/legal guardian. Î
- Home Visits. Case management services should be delivered in the participant's home when the need has been established or when the participant's circumstances change. 5
- Case Closure: 3)
- Criteria for closure. Unless other family members are receiving case management, c Case closure occurs management will terminate when all identified needs have been resolved or when: A)
- the participant no longer meets age or income eligibility criteria for case management funding;
- all identified needs have been resolved;

NOTICE OF PROPOSED AMENDMENTS

- i) the participant requests closure;
- ti) the medical provider requests closure with the participant's and case manager's agreement;
- iii) the participant moves out of the grantee's service area;
- iv) the participant dies; or
- v) the case manager is no longer able to reach the participant.
- B) Content. At the time of closure, the case manager should ensure that the following activities have been completed, as appropriate for the participant's circumstances:
- the participant has located a medical care provider for continued care and family planning services;
- ii) the participant is referred for educational and social services;
- iii) the participant is referred for WIC or Commodity Supplemental Food Program (CSFP) certification;
- iv) the participant's immunizations are current or complete; and
- v) the participant has completed application for Medicaid,
- LI the participant is moving to another area, the participant's case records may be transferred to the new case management provider, if the participant's consent is obtained.
- Case Management Coordination. Department grantees providing case management services should engage in activities (as described below) to coordinate with other agencies in the grantee's service area that provide case management services to the same types of persons as the grantee has agreed to serve. These activities are intended to avoid duplication of case management services at the local level and ensure that each participant has only one case manager at any given time.

=

Case Management Coordination Agreements. Grantees of the Department's Division of Family Health should enter into written agreements with other agencies with the same geographic service area (in whole or in part) and with comparable scope of ease management activities regarding coordination of case management services. These agreements must at least specify each grantee's target group for services; referral procedures; procedures to obtain informed

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

consent for services and protection of participant's privacy; and procedures to determine the agency most appropriate to provide case management services.

- Determination of the Agency or Program most appropriate for the delivery of case management services.
- A) Following the assessments of a participant's service needs, the case manager, other involved service providers, and the participant (and the participant's parent(s) or legal guardian(s), depending upon the participant's ability to consent for services) should determine the one agency or program most appropriate to take a lead role in providing case management services if any of the criteria listed below are met. Only those providers for which the participant has given written consent may participate in the determination of the most appropriate agency or program to provide case management. The criteria requiring such a determination are:
- the participant's most important problem requires expertise for case management that the grantee's staff does not possess;
- the participant's most important problem requires expertise for case management that another agency's staff does possess;
- the participant's problems are so complex as to require the close collaboration of several agencies for successful case management; and
- the participant prefer to obtain case management services from another agency.
- If during the course of delivering case management services the participant's needs for services change substantially or new problems emerge that meet the criteria enumerated above (subsection (J)(2)(A)), the designation of the most appropriate agency to provide case management should be reviewed and changed it appropriate. The decision to change the designation should include the participant, the participant's parentes or legal guardiants, depending upon the participant's ability to consent for services; the case manager; and relevant service providers.
- C) If the Department funded program or granifee is not selected as the most appropriate case management provider, the program or grantee should close the participant's case with regard to case management services. The case may be reopened in response to changing

NOTICE OF PROPOSED AMENDMENTS

circumstances, as provided above in subsection (j)(2)(B).

- Unteria for Certifying Ageneres to Conduct Outreach and Case Management Activities. 2
- case management activities must apply for certification as a case management Grantees of the Illinois Department of Public Health conducting outreach and agency. Certified agencies will enter into a written agreement with the Department or its designee to conduct these activities.
- Application Process for Certification as a Case Management Agency. 5
- agency must agree on a continuous basis to comply with this Part and all applicable Federal and State laws and regulations. (See Title XIX and The Illinois Public Aid Code (III. Rev. Stat. 1989, ch. 23, par. 1-1 of the federal Social Security Act (42 U.S.C.A., Section 1396 et seq.) describe in detail how it will provide services in accordance with the subsections (b)(1) and (2) and describe in detail how it will meet the program requirements set forth in subsections (b)(3) through (8) and requirements set forth in subsections (c) through (j). Further, the The annual funding application must provide assurance that the applicant is in compliance with the requirements set forth in et sed.).) A)
- The Department or its designee will notify successful applicants in writing. The Department or its designee shall provide technical assistance to applicants when requested. B)
- Certification 3)
- conduct a management and fiscal review audit to ensure compliance Provisional certification will be awarded for 180 days to successful applicants. During this period, the Department or its designee will with these rules. (See Section 630.20(e) and (f).) (A
- will be recertified for a two-year period. Unsuccessful agencies (based with these rules. Successful agencies (based on review audit findings) on review audit findings) will be given provisional certification. The agency's certification at any time, or terminate certification, pursuant certification. During this period, the Department or its designee will conduct a management and fiscal review audit to ensure compliance successfully complete the review audit conducted during provisional Department or its designee may, based on review audit, change an Full certification will be awarded for two years to agencies who to Section 630.200(h). B)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- Allowable Cost for Outreach and Case Management Activities.
- Allowable Costs for Outreach. Costs incurred for outreach activities as defined in Section 630.70 are allowed. However, health, general education, or other social service activities may not be included as outreach.
- management, the grantee's time and activity reporting system must distinguish Allowable Costs for Case Management. Salary and other expenses for staff program staff provide other direct services in addition to outreach and case conducting outreach and case management activities must be supported by conducting outreach and case management activities must be excluded. If documentation, as described in subsection (m). Expenses incurred for the provision of any other direct service (including patient teaching) by staff between allowable and excluded costs. 7
- The agency must make its clinical and time reporting records available for Department of Public Aid and the Health Care Financing Administration. inspection by authorized representatives of the Department, the Illinois 3)
- information must be recorded by each outreach worker and case manager on his or her Time and Activity Data to be Collected. The following time, activity and participant daily activities and the participants served. Specific data entry codes for each item worker or case manager making the report, and signed by the outreach worker's or will be specified by the Department. Each report must be signed by the outreach case manager's supervisor.

Ē

- Identification of the agency conducting the outreach or case management
- Identification of the staff person conducting the outreach or case management activity. 5
- The date on which the activity was conducted. 3)
- Identification Number. These numbers are assigned by the Illinois Department of Public Aid. These numbers must be recorded if the participant's medical The Medicaid Case Identification Number and the Medicaid Recipient care is being paid for through the Medicaid program. 4
- Activity. This item describes the outreach worker's or case manager's activity. administration of outreach and case management; accrued benefit time; and At a minimum, categories must identify case management; outreach; other direct services, as follows: 2

NOTICE OF PROPOSED AMENDMENTS

- intake interview, assessment or reassessment of participant's needs; ¥
- development or revision of Individual Care Plan; B)
- referral or advocacy for services; 0
- follow-up with participant; â
- follow-up with provider, $\widehat{\mathbf{E}}$
- case closure; Œ
- travel; 6
- participant's progress with the case management team, a colleague or supervisor to improve the worker's skills in conducting outreach or participant staffing and supervision. This includes discussion of a case management activities; $\widehat{\pm}$
- case notes/client tracking (documenting outreach and case management activities) and reporting (completing reporting forms required by
- outreach/case finding; 5
- vouchers, telephone logs and similar activity records (except case notes referral arrangements with community service providers; supervision of budgets; planning project activities; developing linkage agreements or includes administrative activities not attributable to a specific client staff; preparation of routine correspondence; preparation of travel administration of outreach and case management activities. This such as the development of monthly or annual program plans or and client tracking); $\widehat{\mathbf{x}}$
- in-service or other training programs, and time spent in performance staff training and evaluation. Time spent in continuing education, evaluation;
- accrued benefit time (sick leave, vacation, compensatory time, etc.); $\widehat{\mathbb{Z}}$
- health education. Time spent directly providing health education to the participant; Z
- counseling. Time spent directly providing counseling to the 0

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

participant; and

- other direct services to participants not involving outreach or case management. a
- Time Spent. The amount of time spent on each activity. 9
- Case Number. The participant's case number assigned by the grantee.
- Participant's name. 8
- Medicaid Status. The participant's eligibility status for the Medicaid program. At a minimum, the participant must be classified as: 6
- ineligible. This includes participants who are ineligible for the Medicaid program; or (A
- active. The participant is eligible for the Medicaid program at the time case management activities are conducted; or 8
- the participant is in the process of applying for the Medicaid program. This includes discussing the participant's potential eligibility for Medicaid, as well as assistance provided while the participant's Medicaid application is pending; or 0
- 'Healthy Start" (Medicaid Presumptive Eligibility). The participant has been presumed cligible for the Medicaid Program by an agency qualified to make that determination; or
- Spend-down. The participant has been placed on spend-down status by the Illinois Department of Public Aid as defined in 89 Ill. Adm. Code 120.60(d) and 120.384. Ξ
- receiving case management. At a minimum, the following programs must be Program. The grant program or programs through which the participant is included: (0)
- Families with a Future; (Y
- Drug Free Families with a Future; 8
- Prenatal Care, and C
- Parents Too Soon 0

ILLINOIS RECISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- Case Type. The participant's eligibility for case management. At a minimum, more children under age one; child under age one; other (for example, other with one or more children under age one; nonpregnant woman with one or pregnant woman with one or more children over age one; pregnant woman significant family members who may be caring for, or have custody of, an participants may be classified as: pregnant woman without any children; infant or child receiving case management services). \subseteq
- participant or provider occurred. At a minimum, this must be classified as: the participant's home; the case manager's office; or off site, including Site of Contact. Where the contact between the case manager and the transporting participants. 123
- individual, face-to-face contact; group contact; telephone contact; unsuccessful participant or provider occurred. At a minimum, this must be classified as: Method of Contact. How contact between the case manager and the home visit. 13)
- Describes the predominant service provided to, discussed with, or arranged for a participant during a specific activity. At a minimum, the following services must be recorded as appropriate: Service. 4
- Family Planning services. Referred to or discussed the need for family planning services. These services must be provided consistent with 77 III. Adm. Code 635: Family Planning Services Code. 8
- Pregnancy testing and counseling. Referred to or discussed the need counseling about all options regarding pregnancy continuation, and should include referral for history and physical exam to confirm a for pregnancy testing and counseling. Pregnancy testing and counseling consists of providing a laboratory test, as well as $\widehat{\mathbf{B}}$
- Includes early referral to a comprehensive prenatal care provider for delivery services, as well as referral for high risk perinatal medical Prenatal care. Referred to or discussed the need for prenatal care. medical, social and educational services with a defined link for care. Refer to Section 630.30. Û
- and treat developmentally disabled children from birth to three years of intervention services. Includes services which are designed to identify 0-3 early intervention. Referred to or discussed the need for early â

ILLINOIS REGISTER.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- Substance abuse program. Referred to or discussed the need for substance abuse treatment. $\widehat{\mathbf{E}}$
- Individual and family counseling or psychosocial counseling. Referred diagnosis and treatment by a qualified mental health professional to to or discussed the need for counseling or psychotherapy. Includes enhance or maintain the well-being of the individual and the development of social support systems within the family. Œ
- dental services provided to children following the American Academy Well Child/EPSDT/Healthy Kids. Referred to or discussed the need for routine or acute pediatric care. Includes preventive medical and of Pediatrics guidelines. Refer to Section 630.40. G
- Public Health Nursing services. Referred to or discussed the need for visits and follow-up for infants identified as being at risk or high-risk public health nursing services. Includes prenatal and pediatric home or the Adverse Pregnancy Outcome Reporting System. $\widehat{\Xi}$
- transportation to medically necessary services (including physician Medically necessary transportation. Providing or arranging visits).
- Transportation. Includes providing or arranging transportation to nonmedical services determined to be in keeping with the client's care 5
- Supplemental Food Program for Women, Infants and Children), MAC WIC/MAC/CSFP. Referred to or discussed need for WIC (Special (Mother and Child Nutrition program) or CSFP (the Commodity Supplemental Food Program). \Im
- Housing. Referred to or discussed the need for emergency, transitional or permanent housing.
- education or training for future employment; includes assistance given Job training or employment. Referred to or discussed the need for a client in seeking employment. Î
- Infant and child day care. Includes referral or discussion of the need for child care services while parents are in school, working or receiving Families with a Future services. î
- Environmental protection and injury prevention. Includes counseling 6

NOTICE OF PROPOSED AMENDMENTS

and other activities to ensure that the participant's present environment implementation of intervention for risk reduction, as well as advocacy about common accidents and injuries to infants along with is conducive to health and safety.

- Curriculum" or similar products and supplemented with information on Parenting education. Referred to or discussed the need for education in parenting skills and infant care and development. Parenting skills infant care and development. Refer to Section 630.30(b)(5)(C)(vi). Department of Children and Family Services "Parenting Training education should use established curricula such as the Illinois a
- regarding pregnancy and child birth. Refer to Section 630.30(b)(3)(L). Prenatal education. Referred to or discussed the need for education 0
- and counseling, general reproductive anatomy, conception, pregnancy education regarding family life or preconceptional risk identification Reproductive education. Referred to or discussed the need for and birth. Refer to Section 630.30(a)(1). 2
- Whether a referral was made, refused or not possible for a needed service. 15)
- The agency to which the participant was referred for a needed service. (91
- The date on which the referral for a needed service was completed. [2

<u>_</u>

by each agency applying, provisionally certified or certified under subsection (k). The information must be provided on a monthly basis, and the report must be signed and Agency Staff Expenses to be Reported. The following information must be reported dated by an authorized official of the agency. The information must include:

- direct service staff person conducting outreach or case management activities; The name, actual gross pay and actual paid hours for each full or part-time
- the full-time equivalence as agency employees for the direct service staff;
- management grant programs for each clerical, secretarial or other staff person the name, actual gross pay and proportion of time spent on the case supporting the direct service staff; 3
- the name and actual gross pay for the staff who supervise direct service staff full time; 4
- the name and actual gross pay for agency administrative staff; 9

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- the length of the agency's regular workday (in hours);
- the agency's fringe benefit rate; and
- the total number of full-time equivalent agency employees. 8
- expenses for the entire agency which is applying, provisionally certified or certified to reported. This data must be submitted on a monthly basis, and the report signed and dated by an authorized official of the agency. Operating expenses must include the conduct outreach and case management activities under subsection (k) must be Agency Operating Expenses to be Reported. The following actual operational following: 6
- Rent or interest on mortgage;
- Interest on loans for facility; 2
- Maintenance;
- Utilities; 7
- Telephone; 3
- Photocopying; 9
- Office Supplies;
- Postage;
- Insurance; 6
- Dues, Subscriptions and Registration Fees; 0
- Travel:
- Depreciation on Building; 12)
- Equipment;
- Depreciation on Equipment; (4)
- Contractual Services; and
- The total of items listed in subsections (o)(1) through (o)(15) (9)

3103 ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 17 III. Reg. _____, effective _____

ILLINOIS REGISTER

93

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act
- 2) Code Citation: 86 Ill. Adm. Code 530
- 3) Section Numbers: Proposed Action:

530.115 530.125

Amendment Amendment

- 4) <u>Statutory Authority</u>: III. Rev. Stat. 1991, ch. 67 1/2, par. 401 et seq. [320 ILCS 25/1 et seq.], as amended by P.A. 87-860 and P.A. 87-868.
- A Complete Description of the Subjects and Issues Involved: This rulemaking amends the rules concerning pharmaceutical assistance in response to P.A. 87-860 and P.A. 87-868 under the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act. P.A. 87-868 amended the Act to change the amount of benefits that an applicant may receive in a State Fiscal year and the amount the Department may charge as a fee for participation in the program. Sections 530.115 and 530.125 are amended to implement these changes. P.A. 87-860 deleted Section 4(f) of the Act, and as a result Section 530.115(a)(4) was deleted.
- 6) Will these proposed amendments replace emergency amendments currently in effect: No.
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No.
- 9) Are there any other proposed amendments pending on this Part: No.
- 10) Statement of Statewide Policy Objectives: This rulemaking neither creates a state mandate nor does it modify any existing state mandates.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rule may submit them in writing by no later than 45 days after publication of this notice to:

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

Constance W. Beard
Manager
Illinois Department of Revenue
Legal Services Bureau
101 West Jefferson
Springfield, Illinois 62794
Phone: (217) 785-8256

12) Initial Regulatory Flexibility Analysis:

- A) Date proposed amendments were submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: March 2, 1993
- B) Types of small businesses affected: Any pharmacy that sells prescription drugs to eligible beneficiaries.
- C) Reporting, bookkeeping or other procedures required for compliance: No additional procedures needed for compliance.
- D) Types of professional skills necessary for compliance: Basic bookkeeping skills.

The full text of the Proposed Amendment(s) begins on the next page:

ILLINOIS REGISTER

3106

93

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

TITLE 86: REVENUE CHAPTER I: DEPARTMENT OF REVENUE

PART 530 SENIOR CITIZENS AND DISABLED PERSONS PROPERTY TAX RELIEF AND PHARMACEUTICAL ASSISTANCE ACT

Determination of Cost of Covered Prescription Drugs Assignment and Coordination of Benefits Payments to Qualified Pharmacies Execution of Contracts Limitation on Prescription Size Qualifications for Beneficiaries Covered Prescription Drugs Qualification of Pharmacies Purpose of the Program Establishment of Liens Inspection of Records Identification Card Definitions Penalties 530.110 530.115 530.125 530.125 530.135 530.140 530.145 530.145 530.156 530.156 Section 530.101530,105

AUTHORITY: Implementing the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act (III. Rev. Stat. 1991, ch. 67-1/2, par. 401 et seq. [320 ILCS 25/1 et seq.], as amended by P.A. 87-860 and 87-868)

SOURCE: Adopted at 11 III. Reg. 20978, effective December 15, 1987; amended at 13 III. Reg. 1589, effective January 18, 1989; amended at 17 III. Reg.

Section 530.115 Qualifications for Beneficiaries

- In order to qualify for participation in the Program, each beneficiary must:
- the year in which an application is filed. Or be the surviving spouse of such a claimant, who at the time of death received or was entitled to receive benefits pursuant to this Section which surviving spouse will become 65 years of age within the 24 months immediately following the death of such claimant and which surviving spouse but for his or her age is otherwise qualified to receive a grant pursuant to this Section. (Section 4 of the Act) In addition to the statutory means of proof, proof of

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

Civil Service, and disability includes receipt of Railroad, Veterans total disability benefits;

- be domiciled in this State at the time he files the claim; 5
- have a maximum household income of less than \$14,000.00; 3
- pay--a-fee-to-the-Department-equal-to-the-additional-grant provided-for-in-Section-(4)(f)-of-the-Act 4
- obtain an identification card from the Department, and 54)
- at the time the identification card is obtained, execute an assignment to the Department of all benefits which might be claimed under any private insurance plan(s) in purchasing covered prescription drugs. 65)
- fee to be charged by the Department for the identification card be equal to \$40 for persons with maximum household income in the official momenty line as defined by the United States below the official poverty line as defined by the United States Department of Health and Human Services and \$80 for all other persons. (Section 4(f) of the Act) 9
- Each beneficiary who pays \$40.00 for an identification card shall pay the first \$15.00 of prescription costs each month. Each beneficiary who pays \$80.00 for an identification card shall pay the first \$25.00 of prescription costs each month. (Section 4(f) of the a
- After a beneficiary receives \$800.00 in benefits during a state fiscal year, that beneficiary shall also be charged 20% of the cost of each prescription for which payments are made during the remainder of the fiscal year. (Section 4(f) of the Act) **∞**i
- If two or more persons living in the same household are eligible to participate in the Program*,
- aAll the requirements of subsection (a) must be met by each beneficiary_-and ध

#

- each--beneficiary--must--contribute--an--amount--equal--to--the amount--which--the-household--head--is--or--would--be--otherwise entitled---to---as---anditional---grant---for---the---purpose---of obtaining-an-identification-card-
- Persons who participate in some other program of public assistance which provided for under the Û

ILLINOIS REGISTER

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

this Part may only participate in the this Program to the extent that the benefits provided for under the other program fall short of those provided for under the this Part.

effective (Amended at 17 Ill. Reg.

Determination of Cost of Covered Prescription Drugs Section 530.125

- prescription drugs for which payment is made. The survey shall be conducted for the purpose of determining the average professional fee charged by authorized pharmacies in the State of Illinois and the actual acquisition cost of covered prescription drugs. The survey will consist of audits of the business records, as From a survey to be conducted at least every 12 months, the Department shall determine the reasonable cost of covered drugs. The survey will consist of audits of the business recording and loss statement and other pertinent data such pharmacy type, location, hours of operation and floor area by dispensing drugs. a)
- рe The following broad categories or classifications of data will collected and analyzed: 9
- Personnel costs 357
- Direct prescription expenses
 - Direct store expenses
 - Overhead expenses 3.4
- Other direct costs
- The selection of pharmacies to be audited in this survey will be a systematic sample based upon geography, type of ownership, and level of services provided. Û
 - As a part of the survey, the Department will also conduct a broad rate analysis of other similar private and governmental drug dispensing programs. p
- will then be evaluated for an appropriate dispensing rate by the Department. The entire results (e)

(J

The professional dispensing fee is \$3.30 per prescription for the period July 1, 1985, through August 10, 1986. For drugs dispensed on a after August 11, 1986, and prior to July 1, 1987, the professional dispensing fee is \$3.60 per prescription. The professional dispensing fee shall be adjusted as of July 1, 1987, and July 1 of each year thereafter in accordance with the results of the survey prescribed above.

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

- The reasonable cost of covered prescription drugs available to beneficiaries in the Program shall not exceed the cost of such drugs when dispensed to the general public. 8
- In the event that generic equivalents for covered prescription drugs are available at lower cost, the Department shall establish the maximum <u>acquisition</u> cost<u>(s)</u> for such covered prescription drugs at the lower generic cost. F

effective (Amended at 17 III. Reg.

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of Part: Vehicle Inspections
- 92 Ill. Adm. Code 451 2) Code Citation:

Proposed Action	Amend, Renumbered		Amend	Renumbered	Amend	Amend	Amend	Amend	Amend	Amend	Amend	Amend	Amend	Amend	Amend	Amend	Added	Added
3) Section Numbers	451.15	451.20	451.25	451.50	451.60	451.70	451.80	451.90	451.100	451.110	451.120	451.130	451.140	451.150	451.160	451.Appendix F	451.Illustration C	451.Illustration D

- 4) <u>Statutory Authority</u>: Ill. Rev. Stat., 1991, ch. 95 1/2, pars. 6-410, 12-800 et seq. and 13-100 et seq. [625 ILCS 5/6-410, 5/12-800 et seq. and 5/13-100 et seq. (1992)]
- A complete description of the subjects and issues involved: By this Notice of Proposed Amendments, the Department proposes to update the administrative requirements for operating Official Testing Stations in Illinois. In 1990, the Illinois General Assembly adopted Public Act procedures and operating requirements for Official Testing Stations. Additionally, this rulemaking reflects the impact of P. A. 86-408 on the Department's inspection program. The Department is also changing the heading of Part 451 from "Vehicle Inspections" to "Administrative Requirements for Official Testing Stations." In the future, the 5/13-101 of the Illinois Vehicle Code to mirror the inspection program for certain intrastate vehicles after the U.S. DOT's inspection program for This statutory change affected the inspection Department plans to repeal the Appendices and some Illustrations in Part 451 and create entirely new Parts for school bus related regulations. Part 451 will focus entirely on administrative requirements operating an Official Testing Station in Illinois. interstate vehicles. 2

Throughout this Part, the Department is changing references made to

ILLINOIS REGISTER

Department is also changing references to "Independent or I" Stations to "private or p" Stations. This is more consistent with the regulations when referring to private vs. Public Stations. The following is a Section-by-Section analysis of the substantive and some of the "Lane" to "Official Testing Station." This is a more appropriate way of referring to the locations where vehicle inspections are performed. The non-substantive changes being made to this Part:

Section. New terms were defined and old definitions were amended to reflect changes made to the vehicle inspection program. Section 451.15, "Definitions" - The Department renumbered

Section 451.20, "Application" - The Department renumbered this Section and added a listing of all vehicles required to be inspected in Illinois. The Department also identified the different types of inspections applicable to the new program.

to the applicability of some subsections to the new inspection program. Specifically, references to equipment requirements were made. These cross references to equipment requirements are made Enforcement of Department Policies" - The Department added references Station "Supervision of Official Testing throughout the Part. Section 451.60,

Private Stations. The Department increased the number of vehicles a company must own or operate in order to qualify as a Private Station to 55 vehicles. This increase in the number of vehicles will apply only to new Private Stations opened after the effective date of this rulemaking. Private Stations already doing business will be grandfathered in and will not be required to own or operate 75 hours a Station must be open to the public and/or Department employees. The Department also clarified differences in Public Vs. Section 451.70, "Permit Application Procedures and Operating Requirements for Official Testing Stations" - The Department added new procedures that Stations must follow according to whether or not The Department amended they are Public or Private Stations.

Section 451.80, "Applicant Qualifications for Official Testing Station Permit" - The Department clarified its use of the term "legal age" to indicate eighteen years of age.

"Official Testing Station Requirements" -references to "designated testing areas" Requirements" Department added references applicable Private Stations. Section 451.90,

Section 451.100, "Official Testing Station Lane or Designated Testing

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

requires the inspection of a Station by Department personnel when a Station is closed for any reason for more than 30 days. The Department also added a subsection which prohibits all inspections from being performed at a Station if that Station has been closed for clarifies where different types of inspection must be performed in the Station and when inspection equipment is required. The Department added references to the "designated testing area" for - The Department added a subsection which The Department added a subsection which applicable Private Stations. equipment malfunctions. Requirements"

following: equipment requirements, where inspections must be performed, and how inspections are performed. The Department eliminated the requirement for a Station to utilize a headlight machine when inspecting a vehicle. The aim of the headlights is no Specifications and Safety Test Equipment" - The Department established the determination of Station classifications dependent on Public vs. Private Stations. The Department clarified differences in Section 451.110, "Official Testing Station (OTS) Classifications, Specifications and Safety Test Equipment" - The Department Public vs. Private Stations. These differences include longer subject to inspection.

Certified Safety Tester from harassing or intimidating an officer of the Department. The Department amended a subsection to require owners to provide vehicle inspections for any and all vehicles which they have been authorized to inspect, most importantly, interstate and rebuilt vehicles. The Department added a requirement for the Station. The Department added a subsection that prohibits an owner from making repairs, adjustments or for charging for labor without the express permission of the vehicle's owner or driver. The Department added a subsection which prohibits an owner from assessing additional administrative charges for a vehicle inspection. The Department also added a subsection which prohibits an owner or Section 451.120, "Responsibilities of Official Testing Station Owner" - The Department amended a subsection which prohibits a Station owner from charging an inspection rate which has not been posted at the owner to submit a photo of all prospective certified safety testers.

Department amended a number of subsections to add cross references for applicability dependent on whether or not equipment is required in the Station. Two subsections were added for procedures a were moved here from another Section. One subsection was amended to clarify that a CST shall have sole physical control over special Section 451.130, "Responsibilities of Certified Safety Tester" - The Certified Safety Tester (CST) is required to follow when beginning an inspection. These two subsections are not new to the program but category vehicles and school buses while performing inspections. For

"Appendix G" inspections, the vehicle's driver can assist the CST by remaining in the cab of the vehicle.

The Department amended subsection (1) to indicate the reverse side of the school bus C/S. The Department amended a number of subsections to include references to interstate (i.e., annual) and rebuilt Certificates of Safety (C/S). These are the most recent C/S which are available to a Station. The Department added subsection (g) to provide procedures for completing Department amended two subsections to provide address changes and a subsection which requires C/S from one "cycle" be ordered on the same the Department. The Department added - In this Section, "Certificate of Safety" "Cycle" is defined. facsimile number for changes made to requisition form. school bus C/S.

"Completion Procedures for Vehicle Inspection Report other than school buses. Substantively, the VIRs did not change a great deal. They were amended to reflect changes made to the (VIR)" - The Department reorganized and rewrote this entire Section The two types of VIRs are: school bus and all vehicles The Department also amended a subsection to The Department provides two VIRs which are used for all to reflect the new Vehicle Inspection Reports (VIR) used by establish rejected vehicle procedures. other than school buses. inspection program. Section 451.150, Station. vehicles.

Reports" - In this Section, the Department added a reference to the new school bus VIR, including procedures for mailing them to t Department. The Department deleted items which will no longer Records Testing Station Forms, required to be posted at a Station. "Official

Section 451.Appendix F, "Authorized Inspection Equipment" - The Department added a new brake tester and wheel alignment tester to the Department's authorized inspection equipment list. The Department deleted references to headlight tester machines since headlight aiming is no longer subject to inspection.

Two new illustrations were added entitled "Vehicle Inspection Report (School Bus)" and "Vehicle Inspection Report (All other vehicles).

- proposed rulemaking replace an emergency rule currently in Will this effect: 9
- Does this rulemaking contain an automatic repeal date? 2
- 2 8) Does this proposed amendment contain incorporations by reference?

ILLINOIS REGISTER

3114

63

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

- 9) Are there any other amendments pending on this Part? No
- This rulemaking will affect any operates an Illinois Official <u>Statement of Statewide Policy Objectives:</u> unit of local government which owns or Testing Station. 0
- Any interested party may submit written comments or this proposed rule. Written submissions shall be 11) Time, Place, and Manner in which interested persons may comment on this arguments concerning this proposed rule. proposed rulemaking: filed with:

Illinois Department of Transportation Springfield, Illinois 62794-9212 Division of Traffic Safety Regulations Unit Ms. Cathy Allen P. O. Box 19212 By U.S. Mail:

By Messenger or Inter-Agency Mail:

Commercial Vehicle Safety; 3rd Floor 3215 Executive Park Drive DOT Annex Building Springfield Comments received within thirty days of the date of publication of this Illinois Register will be considered. Comments received after that time will be considered, time permitting.

- 12) Initial Regulatory Flexibility Analysis:
- This Part will affect small businesses that own or operate Illinois Official Testing Stations. Types of small businesses affected: (A
- The Vehicle Inspection Report (VIR) has been amended to create two separate VIRs: school bus and all vehicles other than school buses. Reporting, bookkeeping or other procedures required for compliance: All other procedures remain the same. 8
- additional professional skills are required for compliance with this Type of professional skills necessary for compliance: No 0

The full text of this Proposed Amendment begins on the next page:

3116

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

CHAPTER I: DEPARTMENT OF TRANSPORTATION SUBCHAPTER e: TRAFFIC SAFETY (EXCEPT HAZARDOUS MATERIALS) TITLE 92: TRANSPORTATION

PART 451

ADMINISTRATIVE REQUIREMENTS FOR OFFICIAL TESTING STATIONS VEHICLE INSPECTIONS

Purpose and Scope Definitions Application Incorporation by Reference of Federal Regulations Standards of Construction Address for Correspondence	Definitions (<u>Renumbered</u>). Supervision of Official Testing Station and Enforcement of Department Policies Department Application Procedures and Operating Requirements for Official Testing Stations Applicant Qualifications for Official Testing Station Permit Official Testing Station Requirements Official Testing Station Lane <u>or Designated Testing Area</u>	Requirements LaneOfficial Testing Station (OTS) Classifications, Specifications and Safety Test Equipment Responsibilities of Official Testing Station Owner Responsibilities of Certified Safety Tester Certificate of Safety Completion Procedures for Vehicle Inspection Report (VIR) Official Testing Station Forms, Records and Reports	Inspection Procedures/Specifications for Type I School Buses Inspection Procedures/Specifications for Type II School Buses Inspection Procedures/Specifications for Type I Special Education School Buses Inspection Procedures/Specifications for Type II Special Education Procedures/Specifications for Type II Special Education School Buses Driver's Per-Irip Inspection Requirements	Thinois Minimum Standards for School Bus - Van Type Conversion 1-16 Passengers Purchased Prior to September 1974 Stop Arm Panel Exhaust Guidelines Vehicle Inspection Report (School Bus) Vehicle Inspection Report (All Other Vehicles)
Section 451.10 451.20 451.20 451.30 451.40	451.50 451.70 451.80 451.90 451.100	451.110 451.120 451.130 451.140 451.150	APPENDIX A APPENDIX B APPENDIX C APPENDIX C APPENDIX E	<u>⊢</u> ⊢ ⊢

THEIMOTS PROTSTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing and authorized by Section 6-40+10 of the Illinois Driver Licensing Law (Ill. Rev..Stat. 190+791, ch. 95 1/2, par. 6-40+10) [625] ILCS 5/6-410(1992)], Article VIII of the Illinois Vehicle Equipment Law (Ill. Rev. Stat. 190+791, ch. 95 1/2, pars. 12-800 et seq.) [625 ILCS 5/12-800(1992)], and the Illinois Vehicle Inspection Law (Ill. Rev. Stat. 190+791, ch. 95 1/2, pars. 13-100 et seq.) [625 ILCS 5/13-100(1992)].

SOURCE: Adopted at 13 Ill. Reg. 19597, effective December 1, 1989; amended , effective at 17 Ill. Reg.

Bold face print denotes statutory language. NOTE:

Section 451.10 Purpose and Scope

This Part prescribes the requirements of the Illinois Department of Transportation governing:

- Implementation of Article VIII, the Illinois Vehicle Equipment Law (Ill. Rev. Stat. 198791 ch. 95 1/2, pars. 12-800 et seq.) <u>[625_ILCS</u> 5/12-800 et seq. (1992)]; a)
- Stat. 198<u>791</u>, ch. 95 1/2, pars. 13-100 et seq.) <u>[625 ILCS 5/13-100</u> et seq. (1992)]; Implementation of the Illinois Vehicle Inspection Law (III. Rev. Q
- Operations of Official Testing Stations; 0
- Inspection procedures for school buses; _
- Inspection procedures for special education school buses; and (e
- Performance of the daily pre-trip inspection by school bus drivers.

, effective (Source: Amended at 17 Ill. Reg.

Section 451.5015 Definitions

heard, evidence is presented, and testimony is taken relative to: "Administrative Hearing" - Proceedings in which witnesses are

Citation/Complaints issued by the Department to Official Testing Station personnel for alleged violation of Section <u>5/</u>13-100 et seq. of the Illinois Vehicle Inspection Law or of this Part.

for Petitions presented by Official Testing Station owners approval of testing fee schedules.

Petitions presented by Official Testing Station owners or applicants for reconsideration of revocation or denial of

The Department has adopted these procedures pursuant to Section 5/13-101 of the Illinois Vehicle Inspection Law for trucks, truck tractors, trailers, semitrailers and buses except school buses, religious organization buses, buses registered as charitable vehicles, tow trucks, senior citizen transport buses, buses designed to transport ll-15 persons and 'Appendix G" Inspection - Testing procedures established by US DOT 49 CFR, Ch. III, Subchapter B.

"Applicant" - Any individual owner, partners, authorized agent of corporation, or lessee applying for an Official Testing Station Permit.

Vehicle Safety Section for the required applicable Official Testing 'Authorized Inspection Equipment" - Those testing and measuring Station's (refer to Section 451.20(d) for applicability) test devices approved and required by the Department's Commercial (See Appendix F for approved list.) procedures.

'Body" - Portion of vehicle that encloses the occupant and cargo spaces and separates those spaces from the chassis frame, engine compartment, driveline, and other chassis components, except certain chassis controls used by the driver.

'Body-on-Chassis" - Completed vehicle consisting of a passenger seating body mounted on a truck type chassis (or other separate chassis) so that the body and chassis are separate entities, although one may reinforce or brace the other. 'Bus" - Every motor vehicle, other than a commuter van, designed Illinois Vehicle Code (the Code) (Ill. Rev. Stat. 198791, ch. 1/2, par. 1-107) [625 ILCS 5/1-107(1992)]

"Certificate of Safety" - The authorized visible symbol furnished Commercial Vehicle Safety Section (see Appendices A, B, C, and D, Official Testing Station which is to be directly affixed by a Certified Safety Tester to a vehicle which meets the minimum by the Department's Commercial Vehicle Safety Section to an prescribed safety standards established by the Department's Adm. Code 396 and 448 for procedures.) and 92

authorized safety test equipment (if applicable, refer to Section written exam and has demonstrated proficiency in the operation of "Certified Safety Tester" (CST) - An individual who has passed

ILLINOIS REGISTER

3118

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

451.20(d) for applicability) and has been issued evidence and authority by the Department.

Department to a Certified Safety Tester granting the individual named thereon the privilege and authority to test vehicles. "Certified Safety Tester Certificate" - Evidence issued by the

"Chassis" - Every frame or supportive element of a school bus that contains but is not limited to the axles, engine, drive train, steering components, and suspension which the body is attached (Section 5/1-110.1 of the Code)

otherwise plead, as well as a statement of the relief sought by the The Citation and "Citation/Complaint" - A formal statement charging that an act of commission or omission constituting a violation of Section 13-100 et seq. of the Illinois Vehicle Inspection Law or this Part was committed by Official Testing Station personnel. The Citatic Complaint will also contain an official summons to appear or Department.

"Code" - The Illinois Vehicle Code (Ill. Rev. Stat. 198791, ch. 1/2, pars. 1–100 et seq.) <u>[625_ILCS_5/1-100_et_seq.(1992)1</u>

driver's license or Ppermit. Vehicles owned by public schools or vehicle of the second division used in the preparation of an applicant for examination given by the Secretary of State for a "Commercial Driver Training Car" - Any commercial vehicle or educational institutions are exempt from inspection. 5/6-401 of the Code) "Commercial Vehicle Safety Section" (CVSS) - A section of the Bureau of Safety Programs of the Division of Traffic Safety of the Illinois Department of Transportation. Formerly known as the Wehicle Inspection Section.

(Section 5/13-100 of the Illinois Vehicle Inspection "Department" - The Department of Transportation of the State of Illinois, acting directly or through its authorized agents or officers.

"Designated Testing Area" - An area clearly defined by perimeter lines within the Official Testing Station where Appendix G inspections are performed. - The Director of the Division of Traffic Safety for the Illinois Department of Transportation. "Director"

'Division" - Division of Traffic Safety for the Illinois Department of Transportation.

vehicle with maximum capacity of all fluids necessary for operation 'Empty Weight" - Unloaded vehicle weight; i.e., the weight of a of the vehicle but without cargo or occupant.

"Federal Motor Vehicle Safety Standards" (FMVSS) - The rules, regulations and standards set forth in 49 CFR 571.

ch. "Illinois Vehicle Equipment Law" — III. Rev. Stat. 19<u>8791</u>, o 1/2, pars. 12—100 et seq. <u>[625 ILCS 5/12—100 et seq.(1992)]</u>

95 ch. "Illinois Vehicle Inspection Law" - Ill. Rev. Stat. 198791, 1/2, pars. 13-100 et seq. [625 ILCS 5/13-100 et seq.(1992)]

0 f frame and chassis structure, power train, steering system, suspension system, and braking system, to the extent that those "Incomplete Vehicle" - An assemblage consisting, as a minimum, systems are to be part of the completed vehicle, that requires assemblies or minor finishing operations, such as painting) to become a completed vehicle for use in Illinois. readily attachable components such as mirrors or tire and rim further manufacturing operations (other than the addition of

which all authorized safety test equipment is installed or located and within which all <u>special category and school bus wehicle</u> safety "Lane" - Clearly defined area An area clearly defined by perimeter lines within the building of an Official Testing Station within tests and retests shall be conducted.

"Manufacturer" - (unless otherwise indicated at the point of use) means the person or organization whose name follows "MANUFACTURED BY" or "MFD BY" on the federal and state certification label

multiplied by the standard acceleration of free fall, or "gravity" "Newton" (N) - Metric unit of force and weight. N = mass

"Official Records" - Those forms furnished by the Department's Commercial Vehicle Safety Section which have been completed incidental to the operation of an Official Testing Station. "Official Testing Station(s)" (the Station or OTS) - All contiguous real and personal property which houses the testing <u>tane(s) (if</u> required) (refer to Section 451.70(1) for requirement) and any and all equipment (if applicable) (refer to Section 451.20(d) for applicability) and supplies relating to the safety testing of vehicles. Official Testing Stations are classified as either public or private. Public stations are open to the public

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

Section 451.110(b) for classification requirements). Private stations are established by companies for the purpose of inspecting stations are not open to the public and are always classified as ind are classified as either A, B, Bl, B2, C or D OTS (refer to vehicles which are owned or operated by the company. Private

"Official Testing Station Permit" (Permit) - Evidence issued by the Commercial Vehicle Safety Section granting the owner named thereon within the limitations set forth in the Section 5/13-103 of the the privilege of serving as an agent of the State of Illinois Illinois Vehicle Inspection Law and this Part.

responsible for the lawful operation of the Station's safety test Such person(s) shall be corporation, lessee, or other person in whose name an Official Testing Station Permit has been issued. Such person(s) shall 'Owner" - Any individual, partners, authorized agent of a

"Part" - The regulations contained in this document which are ocated at 92 Ill. Adm. Code 451 'Passenger" - Every occupant of the vehicle who is not the driver.

"Purchase Date" - Date when purchase transaction was completed, not when body or chassis was built.

certificate has been issued and which subsequently has been put back into its original or operating condition by a licensed rebuilder and which has met all the requirements of a salvage "Rebuilt/Salvage Vehicle" - A vehicle for which a salvage vehicle inspection. (Section 5/1-168.1 of the Code) "Rejected Vehicle" - A vehicle which failed to pass the safety test and which was not issued a Certificate of Safety.

2 "Safety Test" - Inspection of vehicles and components required be tested by the Illinois Vehicle Equipment Law, the Illinois /ehicle Inspection Law and this Part,

"School Bus"

Type I School Bus - A School Bus with gross vehicle weight rating of more than 10,000 pounds. Type II School Bus - A School Bus with gross vehicle weight rating of 10,000 pounds or less. (Section 5/12-800 of the Illinois Vehicle Equipment Law)

Every motor vehicle, except as provided below, owned or operated by or for any of the following entities for the transportation of persons regularly enrolled as students in grade 12 or below in connection with any activity of such entity:

Any primary or secondary school operated by a religious Any public or private primary or secondary school; Any public, private or religious nursery school. institution; or

This definition shall not include the following:

A bus operated by a public utility, municipal corporation interurban transportation of passengers when such bus is not traveling a specific school bus route but is: or common carrier authorized to conduct local or

transportation of other fare paying passengers; On a regularly scheduled route for the

Furnishing charter service for the transportation of groups on field trips or other special trips or in connection with other special events; or

Being used for shuttle service between attendance centers or other educational facilities. motor vehicle of the first division. (Section 5/1-182 of the Code) <

J O "Secretary" - Secretary of the Illinois Department Transportation.

medical transport vehicles, rebuilt (salvage) vehicles, religious Organization buses, buses registered as charitable vehicles, senior Category Vehicles (SCV)" - Driver education training cars, tizen transport vehicles, tow trucks, buses designed to transport citizen transport ventries, v.s. 11-15 persons, including the driver and limousines. "Special

"Special Education School Buses" - Vehicles constructed to transport children with special needs which require the alteration of specific component requirements (i.e., ramps, lifts, wheelchair accommodations)

"Station," 'see "Official Lesting Station."

"Supplies" - All items issued to an Official Testing Station by the commercial Yoli to afery vection. All supplies remain the

ILLINOIS REGISTER

3122

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

property of the Commercial Vehicle Safety Section.

"Vehicle"

First Division: Those motor vehicles which are designed for the carrying of not more than ten persons.

vehicles of the First Division remodelled for use and used as vehicles of the First Division used and registered as school pulling or carrying property, freight or cargo, those motor carrying more than ten persons, those designed or used for living quarters and those vehicles which are designed for Second Division: Those vehicles which are designed for motor vehicles of the Second Division, and those motor (Section 5/1-217 of the Code) buses.

"Commercial Vehicle Safety "Vehicle Inspection Section" Section." Section 451.50 renumbered to Section 451.15 and amended at 17 Ill. effective (Source: Reg.

Application Section 451.20

- This Part applies to the following persons: (P
- Department personnel;
- Owner(s) of Official Testing Stations; 2)
- Employees of Official Testing Stations;
- School bus operation managers; 4)
- School bus drivers; and 2
- Persons authorized to perform inspection and maintenance of school bus braking systems. 9
- Sections 451.10 through 451.160 apply to the following vehicles:
- Second division vehicles (unless exempted by Sections 5/13-101 or 5/13-114 of the Illinois Vehicle Inspection Law); \subseteq
- more than 8,000 lbs. or are registered for a gross weight of Second division motor vehicles that pull or draw trailers. semitrailers or pole trailers which have a gross weight of more than 8,000 lbs. 5

111100

NOTICE OF PROPOSED AMENDMENTS

- School buses; and 35)
- Rebuilt vehicles:: 43)
- Medical transport vehicles; 2
- Intrastate tow trucks; (9
- Senior citizen transport vehicles; 7
- Religious organization buses: 8
- Motor buses; and 6
- Limousines; (Section 5/13-101 of the Illinois Vehicle Inspection Law) 10)
- Commercial driver training cars. (Section 5/6-410 of the Ullinois Driver Licensing
- Appendix A through Illustration B apply to school buses. C
- The type of inspection performed is dependent upon the nicle being tested. The three different types of The Department's inspection program consists of three different School Bus, Special Category and Appendix G. types of inspection performed in either Public or Private type of vehicle being tested. inspections are: Stations. 9
- School bus and special category inspections require the use of references made to safety testing equipment requirements apply only to school bus and special category vehicle inspections. authorized safety testing equipment (i.e., wheel alignment indicator, jack or lift, and brake testing device) in a lane. Appendix G inspections do not require the use of the above Throughout this Part, mentioned safety testing equipment. \Box
- Appendix G inspections do not require the use of safety testing equipment 2)
- including school buses (if authorized), presented to their Station by the general public. Due to the fact that Public Stations are required to test either special category vehicles therefore, are not required to be equipped with safety testing the Station. Most Private Stations do not test school buses or special category vehicles and those Stations that do not. testing equipment in a lane. Private Stations inspect only those vehicles owned and operated by the company which owns or school buses or both, they must be equipped with safety Public Stations are required to inspect all vehicles. 3

-	-
-	-
- 12	
-	_
-	
-	-
-	_
	-
-	~
	~
	~
	_
- (. 2
-	-
-	-
-	_
-	_
	- 1
	_
- >	

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

Or		
buses	1zed	
school	author	
test	with	
does	ipped	
that	be edu	ane.
Station	must	in a l
ivate	rehicles	1 pment
Anv Pr	redory v	ting eaui
ent.	Cat	test
Paulinm	Specia	safetv

effective Reg. Amended at 17 Ill. Source:

Section 451.25 Incorporation by Reference of Federal Regulations

reference incorporates the federal regulations by reference, the federal regulations incorporated shall be that which was effective as of October 1, 198891, not including any later amendments or editions. Copies of appropriate federal regulations are available for inspection at the Whenever this Part refers to the Code of Federal Regulations and that Department's Commercial Vehicle Safety Section.

, effective (Source: Amended at 17 Ill. Reg.

Section 451.50 Definitions (Renumbered)

(Source: Renumbered to 451.15 at 17 Ill. Reg. effective Supervision of Official Testing Station and Enforcement of Department Policies Section 451.60

- administrative personnel are responsible for the compliance of the LaneOfficial Testing Station inspectors, compliance officers and following provisions have responsibility: (p
- To monitor Official Testing Stations and to enforce this Part, Sections $5 \angle 12 800$ through $5 \angle 12 820$ of the Illinois Vehicle Equipment Law and Sections $5 \angle 13 100$ et seq. of the Illinois Vehicle Inspection Law. \cap
- To review applications for Official Testing Station Permits and Certified Safety Tester (CST) Certificates. 2)
- process (see Section <u>57</u>13-108 of the Illinois Vehicle Inspection Law and 92 Ill. Adm. Code 450 for hearing process). To conduct same tests for persons who have been would require a CST to be retested if that CST had been found To conduct written tests and proficiency tests for persons requesting to become CSTs. (See Section 451.130 for testing The Department quilty of a violation through the administrative hearing requested by the Department to be retested. procedures.) 3
- or To inspect buildings, equipment and adjacent roadways alleys for compliance with tane OTS classification 4

NOTICE OF PROPOSED AMENDMENTS

requirements or any conditions which affect the entrance and exit of vehicles (refer to Section 451.110(b) for lane OTS classification requirements).

- To inspect safety testing equipment <u>in a lane</u> for cleanliness, operability and accuracy. 2
- require the owner to close the Official Testing Station when testing equipment in a lane is totally or partially inoperative or inaccurate. 0 9
- Station will be removed and held by a Department employee or the Commercial Vehicle Safety Section office until the adjusted or repaired so as to render accurate results. safety testing equipment in a lane has been cleaned All Certificates of Safety at the Official Testing P
- condition of the lane before it is reopened for testing An authorized Department employee will approve the (i.e., equipment is operating efficiently and effectively). 8
- To instruct Official Testing Station Opwners and CSTs in the proper method of completing forms and reports used in safety testing procedures.
- for cleanliness, legibility, accuracy and availability (refer to Section 451.160(g) for forms required to be posted). To inspect forms required to be posted, completed and filed 8
- To determine whether safety tests are performed in accordance with this Part. 6
- To have access to all records and supplies which are the property of and furnished by the Department.
- To inspect the Station's copy of this Part for completeness and availability.
- To inspect Vehicle Inspection Reports for accuracy, completeness, legibility and proper filing order.
- To inspect Certificates of Safety at Official Testing Station for numerical sequence and storage security. To check the Station Owner's method of accountability for all Certificates of Safety issued to such Station.
- To investigate all complaints lodged against an Official

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

(Section 5/13-107 of the Illinois Testing Station or CST. Vehicle Inspection Law)

- to administer tests to prospective CSTs or those CSTs required includes unannounced investigations by Department personnel to marked and unmarked vehicles. Monitoring conducted in marked equipment in a lane for proper calibration and operation, and inspectors to check records for proper filing and completion, To monitor Official Testing Station and procedures used in state vehicles includes unannounced routine visits by area Monitoring conducted in unmarked vehicles conducting safety tests through the use of both official determine if lanes OIS are performing safety tests in accordance with this Part. to be retested. 15)
- infractions of Section 5/13-100 et seq. of the Illinois Vehicle Inspection Law and this Part. The charges as outlined The Secretary will determine If a representative in accordance with Vehicle Inspection Section penalties for violations alleged on the citation/complaints. warning tickets or citations/complaints to Official Testing Station Ppermit holders and their employees for alleged To enforce compliance of goals for this program by issuing determination of guilt is made, the Secretary will assess in the citation(s) will be adjudicated at Administrative Hearings conducted by the Secretary, or his authorized evaluation of the evidence presented at such hearings. the innocence or guilt of the defendant after careful Vehicle Inspection Law and this Part. Hearings; 92 Ill. Adm. Code 450. (91
- Permit(s) and To close the Official Testing Station upon determination of Certificates of Safety will be removed from the facility. guilty verdict by Department personnel and subsequent suspension or revocation of testing privileges.
- services or favors for pullifieal ontologitions, supplies furnished, Department empioyees will not solicit or accept any monies, gifts. services performed, safety testing equipment purchased or sold, cost of doing business, or for any other activity or reason including "asodwil

effective Amended at 17 Ill. Reg. Section 451.70 Permit Application Procedures and Operating Requirements for Official Testing Stations

instructions pertaining to the requirements for an Official Testing Upon written request to the CVSS by an applicant for a Permit, the CVSS will furnish to the applicant the required forms and Station Formit

a)

NOTICE OF PROPOSED AMENDMENTS

- The completed forms, accompanied by a ten dollar check or money order made payable to: TREASURER, STATE OF ILLINOIS, shall be sent to the CVSS. Such fee is nonrefundable. (q
- requirements) and the configurations of the building (refer to Section 451.110(b) for configuration requirements) before final approval is granted. All safety test equipment must be permanently Department employee will inspect the location of the equipment in a configurations, equipment in a lane and personnel (i.e., at least one CSI) meet the requirements of this Part. An interim approval applicability) and verification of the building configurations. is provided in writing pending the proper installation of the equipment (if applicable) (refer to Section 451.20(d) for An application is reviewed to determine if the building 0
- (L+ane dimensions are to be included on the The applicant shall forward to the CVSS the following photographs' reverse sides.) photographs+_ p
- three 8" x 10" photographs. One photograph must show the lane For a Class "A," "C," "B2" or applicable "D" or "P" taneOIS: entrance, another must show the lane exit and the third must show the entire testing lane with the installed testing equipment. Include lane dimensions on reverse side of photograph. \cap

Ç,

- £₩0 entrance and another must show the entire testing lane with For a Class "B" or "B1" or applicable "D" or "P" LaneOTS: 8" x 10" photographs. One photograph must show the lane the installed testing equipment. 5
- photographs. One photograph must show the entrance of the OTS where the vehicles being tested will enter and another must For "P" OTS's not requiring equipment: two 8" x 10" show the designated testing area. 3
- good standing with the Illinois Department of Insurance. This bond The applicant shall file with the CVSS a bond in the amount of one with this Part, as amended. The bond form will be secured by the thousand dollars with security provided by a bonding company in is dependent on the applicant and Station employee's compliance (e

LLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

- Any Official Testing Station owned and operated by governmental agencies (i.e., state, city, village, incorporated town or county) shall be exempt from the payment of any original or renewal fee and exempt from the filing of any bond. Ç
- The specific identification number and location of the Station will be stated on each Permit. For public and applicable private OTS's. 8safety tests on special category vehicles and school buses can only be conducted within the specified lane identified on the Permit. 6
- twelve months following issuance. The Permit may be renewed annually by complying with this Part and upon payment of a renewal fee of ten dollars. Any change or amendment to an existing Permit Each Permit approved and issued by the Department will expire will require an additional ten dollar fee. 9
- The CVSS will issue an amended Permit following a change in location and installation of testing equipment in a lane. The new location must satisfy the requirements of this Part. The amended testing at the new location. Testing may begin upon receipt and after properly displaying the amended Permit. Permit will be the only authority for the applicant to begin
- hearing. A prior suspension within a four year period, without any other aggravating evidence, will result in a 60 day suspension. Violations directly threatening the public safety are considered an aggravation of the penalty. The hearing officer will consider recommended when a pattern of violations indicates that a fraud on be subject to cancellation, suspension or revocation by the Department for violations of this Part or of Section $\overline{5/13}$ -100 et seq. of the Illinois Vehicle Inspection Law. The first violation improper performance. After two suspensions in a two year period, Any Official Testing Station Permit issued by the Department will or after repeated suspensions over a longer period, a permit will be revoked upon another violation. Revocation will also be requires a minimum suspension of 30 days. The length of a first suspension can be exteded up to 180 days, usually to 60 days, if CST or lane OIS of the provisions of this Part statutorily the public is being committed. A hearing officer will consider Revocation is recommended when suspensions are not correcting other evidence in aggravation or mitigation of a suspension. other evidence in aggravation or mitigation when considering evidence in aggravation of the penalty is introduced at the revocation of a permit.

3130

NOTICE OF PROPOSED AMENDMENTS

- Department may request an Administrative Hearing to present such evidence for the granting of an original or renewal Testing Station violation through the Department's administrative hearing process. The Department will permanently deny an application for improper safety tests for school buses or supplying entire fleets of vehicles with Certificates of Safety without performing safety tests on the vehicles. Applicants whose original or renewal The CVSS may permanently deny, on application, an original or renewal tane OTS Permit to applicants whose Permits have been Two examples of serious violations may include administering Testing Station Permit applications have been denied by the permit if the applicant was ever found guilty of a serious revoked. Permit. 2
- Official Testing Station Permits will be issued in one of two categories: Public or Private. $\widehat{}$
- Public
- Public Stations shall inspect any vehicle presented within the limits defined in Section 451.110. (Y
- minimum of eight hours between the hours of 7:00 a.m. and CVSS and shall include the complete test lane $\overline{01S}$ number, the city in which the lane $\overline{01S}$ is located and the additional hours. The notification shall be sent to the holidays. All public Stations shall notify the CVSS in writing if the test lane OIS operates during any Public Stations shall agree in writing to be open for testing between the hours of 8 a.m. and 5 p.m., for a 5:00 p.m. Monday through Friday, except on legal additional hours of operation. 8
- the Department a proposed schedule of rates to be charged for performing a safety test. The proposed schedule will be approved by the Department before a license is issued. (Refer to 92 Ill. Adm. Code 454 for procedures.) it shall be the applicant's responsibility to file with 0
- Should a vehicle owner request an appointment, the time set for such testing must be at a time when the laneOIS times the <u>lameOTS</u> is considered "closed to the public." Times that are not stated in subsection (1)(1)(B) are <u>LaneOIS</u> personnel shall not require vehicle owners to is closed to the public (see subsection (1)(1)(B)). make an appointment to have their vehicles tested.

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

- Upon notification that a vehicle has been presented for a safety test, the test shall be performed. (i)
- test equipment installed within the specified lane area. Public Stations are required to have authorized safety
- Inspection of special category vehicles and school buses must be performed within the specified lane area. G

Private 5

- more vehicles owned or leased by the firm in whose name They are established solely for the purpose of testing tem75 or Private Stations are not open to the public. the Official Testing Station Permit is issued. (F
- G inspections are required to be performed within the Private Stations are required to perform Appendix nspections within a designated testing area. Official Testing Station building. 8
- the vehicles as of the first day of each year. The CVSS shall also be notified of any additions or deletions made each second division vehicle leased or owned by the Firm as Well as the exact storage location (i.e., address) of All Private Stations shall notify the CVSS in writing of to the fleet during the year.
- Private Stations are exempt from maintaining normal business hours <u>but must be open for official CVSS</u> personnel monitoring during the hours required in subsection (9
- Private Stations are subject to the same requirements as public Stations except where specifically noted. (H)
- have authorized safety testing equipment and a designated category vehicles or school buses, they are required to In order for Private Stations to test their own special ane area as required in Sections 451,100 and 451,110.
- Each Station must have at least one person licensed by the CVSS as a Certified Safety Tester. (E
- No safety test shall be conducted unless the Station possesses and

NOTICE OF PROPOSED AMENDMENTS

Sections 451.160(g), (i), and (j) for permit display requirements). properly displayed a valid Permit issued by the CVSS (refer to has

- By accepting a Permit, the applicant agrees to comply with Section 5213-100 et seq. of the Illinois Vehicle Inspection Law and this Part, as amended, that govern the operation of an Official Testing Station and vehicle safety tests. 0
- application shall be submitted to the CVSS. The ten dollar filing If an $\frac{1}{2}$ has inoperative for a period of six months or more, the Permit will be cancelled. Advance warning is given by telephone, and area inspectors visit the $\frac{1}{2}$ are $\frac{1}{2}$ prior to the taking the necessary action to reopen his $\frac{1ane}{1}$ (e.g., having equipment repaired), the CVSS will cancel the permit. If at a cancellation. If the inspector feels that the operator is not later date the owner wishes to reopen the Station, a new ee shall be paid again. a

, effective Amended at 17 Ill. Reg. Source: Section 451.80 Applicant Qualifications for Official Testing Station Permit

- The individual requesting application must be of legal age <u>eighteen</u> years of age. a)
- instructions pertaining to the requirements for an Official Testing Upon written request to the CVSS by an applicant for a Permit, the CVSS will furnish to the applicant the required forms and Station Permit. Q
- All forms furnished by the CVSS shall be completed correctly by the applicant. C
- Department to determine if the building configurations and the testing equipment in a lane meet the necessary requirements of Section 451.110 to qualify as the type classification requested on the permit application. The Department also verifies that at least one person will become a CST as required in Section 451.70(m). All information supplied on the forms will be reviewed by the 6
- Any false information supplied on the forms will nullify the application. The Station Owner may apply again one year after the date of original application. е Э
- A Permit will immediately be cancelled when any information contained on the application forms, or if any additional (J

ILLINOIS PEGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

information requested by the CVSS, is found to be false. A new application may be completed and filed one year from the date of the cancellation.

effective Amended at 17 Ill. Reg.

(Source:

Section 451.90 Official Testing Station Requirements

- Station does not interfere with the operation of the test Official The Station must be clean and properly maintained so that the Festing Station lane or designated testing area. a)
- test lane or designated testing area is protected from exposure to The building must have a permanent roof, contiguous permanent walls and a permanent door or doors meeting the height and width requirements of this Part (see Section 451.110). The The Station must be a permanent building constructed so that the floor of the building must be a level concrete surface. the weather. Q
- passing vehicles nor cause unsafe congestion in any alley, street The building must be located on the Station property so that a vehicle waiting to enter the building shall neither obstruct highway. or ()
- obstructed nor can a driveway be constructed to interfere with the free movement of a vehicle either entering or exiting the Station The vehicular entrance and exit to the Station must neither be _
- The approach to the entrance of the Station lane must be concrete, dimensions of six feet in length and as wide as the entrance door. asphalt or a comparable hard surfaced material with minimum (a
- Failure to meet any of the requirements of this Section will nullify the application until all requirements are met. £

effective Amended at 17 Ill. Reg. Source:

Section 451.100 Official Testing Station Lane or Designated Testing Area Requirements

inspections or school bus inspections or both are required to ha a test lane area. The lane area is where all authorized safety testing equipment is installed. Official Testing Stations that Official Testing Stations that conduct either special category conduct Appendix G inspections are required to have either a a)

NOTICE OF PROPOSED AMENDMENTS

three types of inspections may be equipped with both Official Testing Stations that designated testing area or a lane area where all Appendix G designated testing area and a lane area. nspections are to be conducted.

- The lane or designated testing area must be clean and properly maintained within the minimum dimensions required for Station classification (see Section 451.110(b)). (* 0
- of concrete surface free from high or low spots. <u>If a lane is</u> <u>required, the lane's</u> floor must be suitable for the installation The floor of the lane or designated testing area must be a level authorized safety test equipment according to the manufacturer's specifications. (4)
- The floor of the approach and the surface of the lane or testing area must be free from dirt, oil and grease. (4)
- (Minor repairs or adjustments to rejected vehicles, e.g., light bulb replacement, headlight aim are allowed.) ("P" lanes are exempt from this subsection). servicing, repairing, washing or parking vehicles. The lane <u>or designated testing area</u> must not be utilized for the storing of The lane or designated testing area must not be utilized for vehicles, parts or other materials. 1
- The lane <u>or designated testing area</u> must be well lighted, ventilated by natural or artificial means and capable of being heated when necessary. **(**
- rd The lane or designated testing area must be located to allow direct approach by the tested vehicle within the dimensions required for lane classification. (+5
- There must be no obstruction caused by building design or fixture placement within the minimum dimensions of the lane or designated resting area ng)
- A Station may have more than one lane. Each lane must be equipped with the authorized safety test equipment (see Appendix F for list A Station may have more than one lane. of equipment). 4
- Private Official Testing Stations authorized to perform Appendix G Official Testing Stations may have a designated testing area where inspections are limited to one designated testing area. Public only Appendix G inspections can be performed

ILLINOIS REGISTER

3134

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

- ength and width in order to test the fleet's largest vehicle or Lane or designated testing area dimensions must be of adequate combination of vehicles inside the building which houses the Official Testing Station \bigcirc
- If an Official Testing Station Permit is cancelled because a lane or designated testing area is closed or inactive for at least six prior to the issuance of a new Permit in accordance with Section before reopening. All equipment and facilities must be approved building facilities will be conducted by Department personnel ane and months, or because an Official Testing Station has changed ownership, an inspection of testing equipment in a 451.110. £
- inspection of testing equipment in a lane and building facilities If an OTS is closed for any reason for more than 30 days, an will be conducted by Department personnel before reopening. E
- <u>If a Lane is closed due to equipment malfunction, no inspections are to be performed at the Official Testing Station, regardless of</u> whether or not equipment is required for an inspection.
- Failure to meet any of the requirements of this Section shall nullify the application until all requirements are met. 7

effective (Source: Amended at 17 Ill. Reg. Section 451.110 Lane Official Testing Stations (OTS) Classifications, Specifications and Safety Test Equipment

- Classification of the lane OTS shall be governed by the smallest dimensions of the land configuration, the building (interior and exterior), and the maximum capacities of the required testing equipment.
- The following are minimum dimensions and lane OTS classifications: (q

ional)					
D(+optional	121	101	121	****	1117
+	14.	121	141	1.1	6 4 3
+ (4)	1244	121	1244	1.1	
B	12:	10	1240	5	***
8	- 00				301*/401*
4	12.	10	121		1 P9
	Height	- Width 10'	Height	Lane Width 1.41	lannth
	Door	Door	Lane	lane	And

With a combination wheel alignment and brake testing

NOTICE OF PROPOSED AMENDMENTS

- with the safety test equipment. D lanes OTS's have Must have an entrance and exit door in direct line With a separate wheel alignment tester and brake testing device 古女 +
 - Lane dimensions have been waived to accommodate vehicles. Refer to subsections (e) and (f) for optional drive through capabilities. equirements. ++
- The height when measured to the highest point of the vehicle(s). weight of the vehicle(s) must not exceed the capacity of the combinations of vehicles which are less than twelve feet in Class A lanes OTS are limited to testing single vehicles authorized safety test equipment. (t)
- semitrailers shall be tested at a B Lane OIS. Vehicles tested at B Lanes OIS must not exceed authorized capacity of test equipment or Permit limitations (refer to subsection (b) for limitations). Class B lanes OIS are limited to testing single unit motor vehicles (trucks, tractors and buses). No trailers or (6)
- S Class Bl lanes <u>OTS</u> are authorized to test single motor vehicles. The Station must not can be a drive-through operation but it is Special category Wehicles or school buses being tested cannot Official Testing Station). The brake testing machine must be <u>not required (i.e., vehicle cannot completely "drive through"</u> capable of testing a vehicle over 14,000 pounds empty weight. exceed the capacity of the authorized safety test equipment. trailers or semitrailers shall be tested at a Bl LameOTS (a
- <u>category Wv</u>ehicles <u>or school buses</u> being fested cannot exceed the capacity of the authorized safety test equipment. The size of any vehicle being inspected shall not exceed the limitation of combinations of vehicles. B2 lanes OIS must have drive-through The brake testing machine must be capable of testing a vehicle over 14,000 pounds empty weight. Special Class B2 lanes OIS are authorized to test all sizes and Official Testing Station's building. capabilities. ()
- Class C <u>lanes OTS</u> are authorized to test all sizes and combinations of vehicles which can enter the $\frac{1}{4}$ Lane facilities and not exceed the capacity of the authorized safety test equipment. (g€)
- Class D <u>tanes OTS</u> are public <u>tanes OTS</u> established solely to conduct school bus safety tests. These <u>tanes OTS</u> are authorized to test all school buses which can enter the lane facility and not exceed capacity of the authorized safety test equipment. £.

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

- D tanes OTS may have drive through capabilities, if their building so permits, but it is not a requirement.
- The tame OTS provided Department authorization has been granted. The lane <u>OTS</u> operator must indicate that he has at least one employee who has The lane equipment must Any size classification test lane OIS may test school buses be capable of testing the weight of a school bus. been certified as a school bus tester. (4
- Independent (I)) Lane shall be the same as for a public Lane with requirements for a private Official Testing Station shall be the dependent upon the largest vehicle or combination of vehicles in the classification of the private Lane being dependent upon the capabilities of the private lane or designated testing area are the firm's fleet and the capacity of the authorized safety test dimensions of the Lane, capacity of the authorized safety test The classification and requirements for a private (i.e.; equipment and the largest vehicle in the firm's fleet._ equipment in the lane or the building's dimensions. same as for a public Official Testing Station. Ĵ
- classifications based on lane dimensions and equipment capabilities set forth by the Department in this Section (i.e., shall display the allowable size dimensions for vehicles being 81 and 82 lane classifications). Bl and 82 lane OIS Permits Department personnel will determine appropriate lane tested in that HaneOTS. Ì
- For any lane or designated testing area, aA lane perimeter line permanently marked on the floor in at least the minimum dimensions set forth in subsection(b). For lane areas, the perimeter lines must meet the minimum dimensions set forth in subsection (b). For designated testing areas, the perimeter ines must be able to accommodate the largest vehicle in the at least three inches wide and readily visible must be firm's fleet. $\widehat{}$
- There must be no obstruction caused by building design or fixture placement within the minimum dimensions of the lane or designated testing area perimeter lines. Ê
- All authorized safety test equipment must be located within the ane perimeter lines. 2
- In addition to the minimum dimensions in subsection (b), a lane must have the appropriate capacity equipment installed and

6

NOTICE OF PROPOSED AMENDMENTS

utilized as approved by the Department (refer to subsections (#x) and Section 451.130(b) and (d)). The Commercial Vehicle Safety Section will establish and maintain a list of authorized safety test equipment (see Appendix F for approved list). This list will be available upon written request to the CVSS.

installed equipment must be approved by the CVSS (refer to subsections $(\Psi\underline{x})$ and (y+) . The center line of the brake tester or wheel alignment tester may be offset from the center of the respective manufacturer's specifications. The location of the drive-through capabilities and accurate test readings must be Safety test equipment must be installed according to the lane entrance to the center of the lane exit; however, maintained.

a

- Each lane within a Public Station or Private Station must be equipped with the following equipment: 6
- jack or lift;
- wheel alignment indicator (drive-on type);
- brake testing device (drive-on type); £384
- track mounted headlight testing and aiming device; tread depth gauge; and
- small hand tools (e.g., screwdriver, pliars, wrench). 45)
- All Official Testing Stations authorized to perform Appendix G inspections must be equipped with the following items: 2
- marking device;
- tread depth gauge; measuring device; 山ひませらるひ
 - set of calipers;
- flashlight; and Chocks wheel
- scratch pad or small notebook.
- capacities and must be capable of lifting the vehicle so that the bottom of the tires are at a distance from the floor to allow jack or lift must equal or exceed the following minimum inspection of the vehicle's underside components. Each S#S
- Classes A, Bl, B2, C and D lanes OTS must have a jack or lift with a Manufacturer's Rated Minimum Lifting Capacity of 18,000 pounds.
- B lanes OIS, with an 8,000 or 10,000 pound vehicle Class

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

scope, must have a jack or lift with a Manufacturer's Rated Minimum Lifting Capacity of 5,000 pounds.

- pertains only to lanes OTS licensed on or after January 1, Class B lanes OTS with a 14,000 pound vehicle scope must have a jack or lift with a Manufacturer's Rated Minimum Lifting Capacity of 8,000 pounds. This requirement 977, or those where the jack or lift is replaced. 3
- to the respective manufacturer's specifications (refer to Section approved by the CVSS and must be permanently installed according Every wheel alignment indicator must be the drive-on type 451.Appendix F). £3)
- ρλ Each brake testing device must be the drive-on type approved the CVSS and must be permanently installed according to the respective manufacturer's specifications (refer to Section 451.Appendix F). (¥ñ
- a hane OIS is based upon the total maximum reading of the brake Maximum vehicle weight which can be safety tested at a Class The three classes of B tanes OTS are: testing machine. (**₽**∧
- capable of registering a capacity of 1,500 pounds on the tube or dial for each tread plate may test motor vehicles Class B tanes OTS which have a brake testing machine up to 8,000 pounds vehicle empty weight.
- capable of registering a capacity of 2,000 pounds on the tube or dial for each tread plate may test motor vehicles Class B lanes OTS which have a brake testing machine pounds vehicle empty weight. up to 10,000 5
- capable of registering a capacity of 3,000 pounds on the tube or dial for each tread plate may test motor vehicles Class B lanes OTS which have a brake testing machine up to 14,000 pounds vehicle empty weight. 3)
- equipment with the capacity to test vehicles up to 14,000 pounds Class B lanes OTS established prior to July 1, 1973 with brake After testing machine capabilities of 8,000 and 10,000 pounds empty July 1, 1973, all new B lanes OTS which are opened must have vehicle weight, may remain active provided ownership has not changed and equipment remains in the existing building. vehicle empty weight. (\pm \frac{1}{2}
- For each wheel alignment indicator installed after Januarv 1, (**≠**×

#OTICE OF PROPOSED AMENDMENTS

For each brake testing device installed after January 1, 1977, the tower must be located either on the left side or at the right 977, the indicator tower must be located to the driver's left. testing device towers must be installed so they can be easily Both the wheel alignment indicator and brake read from the driver's seat. front corner.

- On brake testing machines which are mounted flush with a floor, no vehicles shall be tested if any part of the tire tread of the vehicle extends over the side or sides of the tread plate. (**
- When Every headlight testing and aiming device used must be listed in according to the respective manufacturer's specifications. specification requirements have been met, approval of the installation will be granted by the CVSs. Section 451. Appendix F and must be installed in the lane I
- Each item of equipment required must be maintained in proper calibration. Maintenance, calibration and repair shall be performed in accordance with the respective manufacturer's instruction manuals and specifications. (2
- Failure to meet the qualifications in this Section will nullify an application until the qualifications are met. aa)
- ŗ take OIS classification. Any change in ownership, business name or location requires a new application and payment of the ten dollar filing fee. Following approval by Department personnel in accordance with the requirements of this Section, a new Permit equipment or location will be reclassified to the appropriate Station that has a change in ownership, business name, will be issued. Any pp)
- Any Station issued a Permit for Class C or Class A lane OIS prior its respective classification, shall be required to reclassify to the appropriate lane OIS classification and abide by the to January 1, 1977, which does not meet any specifications for resultant limitations. (2)

9	
prti	
ă	
aff	
4	
4	
0	
å	
Red	
R	
_	
I11. Re	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	

Section 451.120 Responsibilities of Official Testing Station Owner

- The owner shall require all CSTs to comply with this Part. a)
- The owner shall be responsible for all practices and procedures in the Station, including, but not limited to, any certified or Q

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

while in the employ, direction or control of the owner. The owner is responsible for all safety test practices and procedures in the Station, regardless of whether the owner has knowledge or non-certified personnel allowed to perform vehicle safety tests approves of such practices and procedures.

- employee shall harass or intimidate any officer of the Department. The Station owner is responsible for his own conduct and behavior No station owner or and that of his station's employees. 0
- than the scheduled rates approved by the Department and posted at the lane OIS. If a rate increase has been approved by the No Station owner shall allow the rates charged to be more or less CVSS, the higher rate cannot be charged until the new fee schedule has been posted at the OTS. de)
- or <u>initiated without the express permission of the vehicle owner triver. Station Owners shall only allow labor charges to be</u> No Station owner shall allow any repairs or adjustments to be assessed for specific mechanical work performed. driver. (a)
- No Station owner shall allow any additional administrative charges (e.g., billing charges) to be assessed against the vehicle owner or driver. 7
- adjustment, correction or repair must be made at the Station Nothing in this Section shall be construed to mean that any performing the safety test. ge)
- immediately of any change in ownership, business name, location or status. Such changes include incorporation of the firm, o Any such change without immediate notification change in corporate officers or dissolution of partnership It shall be the owner's responsibility to notify the CVSS shall automatically cancel the exsisting Permit. corporation. <u>P</u>
- writing when he or his employees wish to make application to become a CST. The letter of request must include the applicant's: The owner of an Official Testing Station shall notify the CVSS in <u>i</u>‡į
- Full name
- Date of birth; and
- Driver's license number.
- Photo which measures at least two inches by two inches but more than three inches by three inches. 20 4335
- If a Station is required to have testing equipment, the owner <u></u>

NOTICE OF PROPOSED AMENDMENTS

is responsible for the training of employees on <u>the appropriate</u> sadety equipment and testing procedures before the employee is tested by Department personnel to become a CST.

4

- It shall be the owner's responsibility to immediately notify the CVSS when neither he nor any of his employees is eligible to test vehicles. Failure to have at least one employee who is a CST automatically suspends the Official Testing Station Permit until such time as the owner or an employee becomes certified. The owner shall immediately notify the CVSS of the lane OIS closure and subsequent reopening. If the lane OIS is closed for more than 30 days, Department personnel must reopen the lane.
- 14) It shall be the owner's responsibility to notify the CVSS at least ten days prior to any scheduled voluntary lane OTS closing (e.g., vacations, periodic equipment maintenance).
- If a Station is required to have testing equipment, the owner is responsible for maintaining the equipment in proper calibration and working order and for maintaining the Station and lane(s) and designated testing area in proper condition as required in this part.
- 1/2 a Station is required to have testing equipment, itt shall be the owner's responsibility to close the Station when any piece of testing equipment malfunctions.
- Equipment malfunctions and subsequent closure shall be reported immediately to the CVSS.
- Testing shall not be resumed until repairs are completed and approval is secured from the Department inspector to resume testing. The Department's inspector will confirm that the testing equipment is working in accordance with the manufacturer's specifications as authorized by Section 12-812 of the Illinois Vehicle Equipment Law.
- 3) If a rejected vehicle returns to a closed hane OIS for retest of a component requiring use of the defective testing equipment, the test fee shall be refunded.
- Othour receipt of any addition, deletion or other notification of change issued by the Department, it shall be the owner's responsibility to file updates to their copy of this Part. The complete and current copy of this Part shall be kept in the lanearea at the Official Testing Station and shall be made available to all CSTs at all times.

DEPARTMENT OF TRANSPORTATION

- It will be the owner's responsibility to bring to the attention of all employees who work with any part of the testing lane Official Testing Station operation any material disseminated by the CVSS, including, but not limited to, changes, additions and deletions to this Part. Employees are to be made aware of any disciplinary actions taken against the Station by the CVSS.
- It shall be the owner's responsibility to maintain a supply of all forms needed in the operation of the Official Testing Station. The necessary forms are obtained from the Department by submitting an order on the form or forms prescribed by the CVSS. The inventory of forms will be subject to inspection by Department personnel on the premises of the Official Testing Station.
- It shall be the owner's responsibility to ensure that he, as well as his employees, utilize the proper and current forms. The forms shall be completed correctly and legibly and shall be submitted to the Department by the owner or owner's authorized personnel as set forth in this Part.
- It shall be the owner's responsibility to maintain a supply of Certificates of Safety and numerical insert decals to accommodate any type both vehicles, including rebuilt and interstate, the OIS is authorized to test and which is presented for original inspection and those or any type vehicle the OIS is authorized to test and which has been returned returning for retest. If the Station does not have a supply of Certificates and numerical insert decals to issue to a rejected vehicle returning for retest, the test fee shall be refunded to the vehicle owner.
- 14) The owner shall be responsible for the proper security, distribution in sequential order by cycle and handling of the Certificates of Safety.
- U+) If a Station is required to have testing equipment, ift shall be the owner's responsibility to immediately notify the CVSS of any change in equipment, regardless of whether the tanets OTS.s classification is affected.
- V÷) It shall be the owner's responsibility to provide funds to cover the cost of any Certificate of Safety order submitted, either through transmittal of appropriate funds or through use of a previously established credit balance.
- wt) If as the result of an Administrative Hearing an Official Testing Station Permit is suspended, performance of any and all vehicle

31/4/4

NOTICE OF PROPOSED AMENDMENTS

inspection activities shall be prohibited for the duration of the suspension. It shall be the owner's responsibility to surrender the tane OIS Permit, Certificates of Safety and other related supplies requested by authorized personnel of the Department on the date the suspension begins. The owner shall be responsible for making certain all employees honor the terms of the suspension.

(Source: Amended at 17 Ill. Reg. _____, effective ____

Section 451.130 Responsibilities of Certified Safety Tester

- a) Persons interested in becoming a Certified Safety Tester (CST) must meet the following requirements:
- Be at least eighteen years of age; and
- 2) Possess a valid driver's license.
- b) Every applicant must accomplish the following before certification as a CST is awarded:
- Pass a written test based on this Part.
- 2) If the Station is required to have testing equipment, demonstrate proficiency in the operation and calibration of the safety test equipment at the Station where employed.
- Physically inspect an appropriate vehicle.
- c) Only a CST who has been licensed for a minimum of thirty days to test trucks is eligible to make application to take a school bus examination. (Employees of Class D and P school bus Panes OIS are exempt from this subsection.)
- d) Every applicant must accomplish the following before certification as a School Bus CST is awarded:
- Pass a written test based on this Part.
- Demonstrate proficiency in the operation and calibration of the safety test equipment at the Station where employed.
- Physically inspect an appropriate vehicle.
- The Station Owner may request retesting of a CST applicant who failed the initial test(s).

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

- A person who failed any part of the initial examination shall wait a period of fifteen days before reapplying.
- A person who fails a second time shall wait a period of thirty days before reapplying.
- 3) After three failures within one twelve month period, a person is not eligible to take the examinations for a period of one year from the date of the last failure.
- A CST shall test a minimum of ten percent of the vehicles safety tested during any calendar year or may be required to successfully pass the written and proficiency examinations to maintain certification. A CST will be required to pass an exam if he does not test 10% of the vehicles and is either issued warning tickets or citations or has a Vehicle Inspection Report error rate in excess of statewide average (approximately 10%).
- g) If the lane OIS where a CST is employed changes testing equipment in a lane, the CST shall be required to demonstrate proficiency in the operation of the new testing equipment.
- h) If a CST leaves the employ of one Official Testing Station and is subsequently hired by another, the latter employer shall request in writing a transfer of the CST's certification.
- The CVSS may require the CST to pass the written and proficiency examinations before his Certificate is transferred.
- 2) Both tests shall be administered if the lapse in employment at Official Testing Stations exceeds thirty days, if the lane OIS classifications of the two Stations differ or if the testing equipment differs.
- i) The CST's Certificate remains the property of the CVSS and shall be immediately returned to the CVSS or authorized personnel of the Department if the CST:
- Ceases testing vehicles; or
- 2) Ceases to be employed by the Official Testing Station; or
- 3) Certificate is suspended, cancelled or revoked; or
- 4) Fails to maintain his certification; or

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

- Driver's license is expired, cancelled, suspended or revoked 2
- testing privileges granted by the CST's Certificate shall be subject to cancellation, suspension or revocation (see Section Department for any violation of this Part (see also Section 451.70(j) for suspension or revocation procedures) by the 5/13-108 of the Illinois Vehicle Inspection Law regarding administrative hearings). Ĵ.
- or cancelled, the CVSS will require that the CST pass the written or more If a CST's Certificate has been suspended for ninety days and proficiency examinations prior to recertification. \bigcirc
- If an $\frac{1}{1}$ and $\frac{OIS}{2}$ is inoperative for a period of six months or more, all CST Certificates shall be cancelled. Any former CST shall be required to be reexamined before a Certificate is issued.
- Failure of a CST to pass either the proficiency or written portion of any retest shall automatically cancel their Certification Ê
- cancel his certification and his Certificate shall be immediately Refusal of a CST to submit to retesting shall automatically surrendered to Department personnel (L
- The Certificate shall be displayed at the lane OTS where No person shall perform a safety test unless they are rated as by the CVSS and possess a valid Certificate issued by the the CST is employed. CVSS.
- No CST, Station Owner, or Station employee shall authorize duties which are required to be performed by a CST to one who is not a CST.
- No person shall test school buses unless they have been rated as a School Bus 5
- ticket to an Hane OIS employee who is not a CST but who has safety tested vehicle(s) and issued Certificate(s) of The Department will issue a citation/complaint or warning Safety in violation of this Part or Section 5/13-100 et seq. of the Illinois Vehicle Inspection Law.
- the EST shall perform the safety test applicable to the tested procedures The CST shall perform the applicable safety test vobiche according to vehicle type, specifications and test

ILLINOIS REGISTER

TRANSPORTATION DEPARTMENT OF

- 266 according to the vehicle's type and required test procedures Appendices A through B (see Appendices A, B, C, D and 92 Code 396 and 448 for testing procedures).
- Before beginning the safety test, the CST shall remove any old Certificates of Safety affixed to the vehicle. O
- The CST must verify that the Vehicle Identification Number (VIN) which is recorded on the vehicle registration material is identical to the VIN found on the vehicle VIN plate. 5-1
- The CST shall have sole physical control during the entire safety bus of the vehicle to being tested. during the entire safety test All safety tests shall be performed within the test procedure for any special category vehicle or school 900 perimeter lines of the procedure. S4)
- components requiring use of testing equipment only within \underline{A} The CST shall perform the retesting of repaired the perimeter lines of the lane.
- A the CST shall not perform any repairs or charge for any repairs made on a vehicle submitted for a safety test without the express consent of the owner or driver. 5
- The CST shall be responsible for all safety test results entered on the Vehicle Inspection Report (VIR). The CST shall prepare an = inspection report for each and every vehicle presented for a test. The CST shall print his name and write his signature the proper space on the VIR when the test is completed. £
- The Certificate vehicle shall affix the appropriate Certificate of Safety on the windshield as prescribed in Section 451.140(40). The Certificate of Safety shall be affixed only if the vehicle tested equals or The CST who performed the original safety test or retest of a exceeds all requirements of this Part. (\$n
- The CST shall complete the reverse side of the Certificate of Safety with the required information using a permanent
- Safety the appropriate numeric decal insert representing both the month of vehicle certification and the Certificate The CST shall affix to the face of the Certificate of of Safety expiration date.
- shall not accept any gratuity from any person for or A CST (+)

connection with an official safety test or for the issuance or giving of a Certificate of Safety.

effective Amended at 17 Ill. Reg.

Section 451.140 Certificate of Safety

- for passing the prescribed safety test (see Appendices A through D vehicles and applicable first division vehicles (i.e., rebuilt (see Appendices A, B, C, D and 92 Ill. Adm. Code 396 and 448 vehicles and driver education training cars) as a result of Certificates of Safety shall be affixed to second division testing procedures). a)
- Certificates of Safety remain the property of the State of Illinois and can be seized when Official Testing Stations are in violation of this Part. Q
- Stations shall be subject to inspection by Department personnel at any time during a Station's required regular business hours. Certificates of Safety at Public and Private Official Testing listed in Section 451.70(1)(1)(B) 0
- Certificates of Safety shall comply with the following physical description: 6
- Change color with every six month testing cycle (except rebuilt vehicle and interstate (annual) certificates); _
- Rebuilt vehicle certificates never change color. They are issued only once. a'
- Interstate (annual) certificates change color every **a**
- Display on front side the State of Illinois seal; 5
- Measure 3 x 2 3/4 inches; 3)
- Display on front side a serial number which shall be unique to the Certificate and begin with one of the following codes "TRK" (for truck), "TRL" (for trailer), "SHB" (for school bus), or "RBV" (for rebuilt vehicle); Note: Interstate (annual) certificates begin with TRK or TRL. 4
- Display on back side an area where required information shall be inserted by the CST (except trailer certificates); 2

ILLINOIS REGISTER

93

DEPARTMENT OF TRANSPORTATION

- Display on front side an area where the numerical insert decal identifying the expiration month (except rebuilt vehicle certificates). (9
- manner duplicate, alter, reproduce, manufacture, or create by any or means, a Certificate of Safety or facsimile thereof. Except as authorized by the Department, no person shall ()
- day of the month indicated by the large numerical insert applied on the Certificates of Safety expire at midnight on the last individual Certificate (i.e., no grace period). (
- <u>Certificates of Safety expire at midnight on the last day of the month indicated by the large numerical insert applied on the</u> certificate or when the odometer reading on the bus exceeds the mileage found on the mileage inspection due line on the back of School buses are required to be inspected at least every six months or 10,000 miles, whichever occurs first. (Section 5/13-109 of the Illinois Vehicle Inspection Law) the Certificate of Safety. 4
- obtain or attempt to obtain a Certificate of Safety for a vehicle No Station Owner or CST shall issue, nor shall any person accept, which has not completely passed a safety test as described in Appendices A through D <u>and 92 Ill. Adm. Code 396, and 448</u>.
- shall be prima facie evidence of obtaining a Certificate of affixed in any other location than the prescribed location, Possession by a vehicle owner or operator of a Certificate of Safety which is not firmly affixed to a vehicle, or is Safety without a proper safety test. Possession of such Certificate of Safety indicates the CST did not perform a proper safety test. \subseteq
- If as the result of an Administrative Hearing or the filing of a voluntary waiver of hearing and a plea of guilty, the Secretary of the Department makes a determination of a defendant's guilt, each Certificate of Safety involved in the action will be confiscated immediately by personnel of obtained Certificate(s) or from any vehicle displaying the Department from any person possessing illegally illegally obtained Certificate(s). 5
- The Department assumes no liability for the cost of reinspection of a vehicle from which a Certificate has been 3

NOTICE OF PROPOSED AMENDMENTS

- Each Certificate of Safety illegally issued or illegally obtained shall be a separate, distinct violation of this 4)
- accounted for on the appropriate corresponding Vehicle Inspection Each Certificate of Safety issued by the Station must be Report. 4
- Certificate shall be affixed by the CST in the correct six month lowest serial number and proceeding in strict ascending order through the highest serial number. Such numerical progression or annual cycle and in numerical sequence, starting with the shall be directly related to the passage of time and date of The Certificate of Safety shall be issued at the Station. j;)
- shall correspond to the date of the original test, or retest, and The numerical insert decal applied to the Certificate of Safety the month of expiration (i.e., month of test plus-six months) (中)
- CST as prescribed before the Certificate of Safety is affixed to The following information must be completed on the backside of the Certificate of Safety shall be completed by the Truck, school bus and rebuilt vehicle Certificates of Safety shall be written upon only as prescribed by the Department. backside of the corresponding Certificate of Safety: the vehicle. (¥
- Truck license plate number and CST signature.
- mileage due date of inspection, mileage inspection due and School Bus - mileage inspection due, brake inspection CST signature.
- Rebuilt date of inspection and CST signature.
- No Station shall borrow, purchase or receive any Certificates of Safety from another Station. No Station shall lend, sell, or give any Certificates of Safety to another Station. All Certificates of Safety must be received from the CVSS or authorized personnel of the Department. ŧ
- Any second division vehicle which is exempted by Section 5/13-101 of the Illinois Vehicle Inspection Law may be safety tested if the vehicle owner so wishes and a Certificate of Safety may be issued provided the vehicle passes the appropriate safety test. (世
- Certificates of Safety shall be applied as follows: 04)

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

- Vehicles with windshields As close as possible to the extreme bottom of the windshield glazing in line with the steering column on the left side of the vehicle.
- Vehicles without windshields Directly to the exterior surface of the vehicle. This surface must be a permanent part of the vehicle's body which cannot be removed from the The Certificate of Safety shall be affixed to the eft side of the vehicle at the lower corner of the leading part of the body exists, the Certificate of Safety shall be affixed to the "bump rail." The surface of the Certificate edge of the vehicle above the "bump rail." If no permanent of Safety must face at approximately ninety degrees from the body of the vehicle. vehicle. 2)
- Staple the Certificate of Safety to the driver's blue copy Rebuilt trailers and motorcycles (without windshields) of the VIR. 3
- Any voided Certificates cannot be reaffixed to the same vehicle Certificates of Safety become void if removed from the vehicle. or a different vehicle. (00
- If the original Certificate of Safety is mutilated, destroyed or voided within sixty days of the original test due to the immediately return the vehicle to the original issuing Station. replacement of the vehicle windshield, the vehicle owner shall (db
- The original Station shall issue a replacement Certificate without additional charge, provided the vehicle owner returns the original Certificate displaying a complete serial number.
- display a complete serial number, a Certificate fee shall not Certificate to the Station or if the Certificate does If the vehicle owner is not able to furnish the old be charged for the replacement Certificate. 2)
- A police report shall be presented to the Station Owner by the driver of a vehicle who requests a replacement for a lost or stolen Certificate of Safety. This report should be attached to the Station's copy of the VIR and filed in the appropriate place. 3)
- If the original Certificate is mutilated, destroyed or voided and if more than sixty days has elapsed since the original test, a complete inspection shall be performed. гф)

NOTICE OF PROPOSED AMENDMENTS

- Station by the CVSS only after the appropriate fee to pay for the order has been received. A credit balance may be used to pay for Certificates of Safety shall be issued to the Official Testing an order. S+)
- STATE OF ILLINOIS, by the Official Testing Station for each Certificate issued. The Station shall only charge the authorized Certificates of Safety fees authorized by Section 5/13-110(b) of the Illinois Vehicle Inspection Law shall be paid to: TREASURER, Certificate of Safety fee when issuing a certificate. (\$3)
- The Station Owner shall authorize the signatures of two employees to request Certificates of Safety on the prescribed order form. (#
- shall be submitted on the preprinted order form, telegram All requests for Certificates, both original and reorder, or reorder form.
- being ordered; name of person submitting order; and funds to cover the cost of the order (unless Station has a credit balance to pay for the order). Each request shall include the Station number, name, complete address; quantity, type and cycle of Certificates 2)
- following procedures shall be followed when ordering or reordering Certificates of Safety for emergency purposes: The (**₽**
- Send telegram and funds (unless Station has a credit balance) to cover cost of order to:

Illinois Department of Transportation 3215 Executive Park Drive Springfield, Illinois 62766 62703 Commercial Vehicle Safety Section 2nd floor 320 West Washington

- order or reorder for Certificates must include the following information: 5
- Complete test lane OTS number (four digits); B
- Complete name of Official Testing Station; 8
- Address of Official Testing Station; G
- Full name of person sending telegram; 6

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

- elephone number of lane OTS; ()
- trailer, interstate (annual) truck or trailer, school Type (i.e., intrastate (semiannual) truck, or bus, or rebuilt); G
- Number of Certificates requested; and

G

- Cycle number of Certificates needed. Ŧ
- Certificate orders or reorders may be picked up by authorized personnel presenting a completed order and the appropriate funds to: 3

Illinois Department of Transportation Commercial Vehicle Safety Section 3215 Executive Park Drive Springfield, Illinois 320 West Washington

- Safety Section's (CVSS) facsimile machine. The telephone number to reach the CVSS facsimile machine is 217/782-9159. Orders can be transmitted through the Commercial Vehicle 4
- Certificates of Safety from the same cycle must be ordered on the <u>January through June; July through December or for interstate</u> vehicles. If Certificates of Safety are needed for more than one A "cycle" is defined as the periods of cycle, a separate requisition form must be used. same requisition form. 3
- delivered to his home address or the home address of a designated Delivery of Certificates of Safety cannot be made to rd The Station Owner shall immediately return a signed receipt to unless prior written approval has been made by the CVSS. If station owner requests that the Certificate of Safety be any address other than that of the Official Testing Station the CVSS for all Certificates of Safety delivered to his employee, the CVSS will approve the delivery. Station. (₹
- Inventory requirements for Official Testing Station: €
- The Official Testing Station must maintain a supply of Certificates of Safety and numerical insert decals to issue to both originally tested vehicles and vehicles returning for retest. _
- If the original Official Testing Station does not have a 5

supply of Certificates of Safety to issue to a rejected vehicle being returned for retest, the test fee shall be refunded to the vehicle owner.

Certificates of Safety for security purposes at another location. Certificates of Safety shall be stored in a locked safe or other Only written locked place within the Official Testing Station. Only authorization from the CVSS shall permit storage of the

(*2

- Procedures required for the reporting of lost or stolen Certificates of Safety: aa+)
- agency in the jurisdiction where the Station is located of The Station Owner shall immediately notify the police the loss or theft of any Certificates of Safety. 2
- The Station Owner shall then notify the CVSS without delay Certificates that were lost or stolen; and the name of the by telephone (217/782-2920) giving Station name, number, and address; the series and serial numbers of the person reporting the loss. 5
- $\rm SVI-1241-1\&2$ Form. The Administrator's copy is to be mailed to the CVSS. The Station's copy is to be retained The Station Owner shall complete the prescribed in the Station's eighteen month file. 3)
- responsibility of the lane OIS owner to file a claim with Credit will not be issued for either Certificates lost while in transit from the Station to the CVSS or those which are stolen from the Station. It is the the appropriate party. 4)
- esting Station's account. This credit may be used to offset the unused Certificates of Safety from the preceding test cycle equal amount of the fee paid shall be credited to the Official Certificates of Safety returned (without inserts applied), an complete lane OTS number must be written on the back cover of shall be returned during the first ten days of a new cycle. For all unused each returned booklet of Certificates. cost of future orders. pp=)
- If defective, mutilated, or voided (due to replacement of windshield) Certificates are being returned, a completed SVI-1280 is to be submitted to the CVSS with the necessary information. An amount equal to the fee paid shall be credited to the Station for each returned defective, mutilated or voided Certificate. (CCATO)

LLINOIS REGISTER

3154 93

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

Each Certificate returned must clearly display a complete serial number and must be less than sixty days old.

- When an Official Testing Station permanently closes, the owner shall submit a written request to the CVSS in order to obtain any include the owner's social security number or federal employer's Certificates previously returned for credit. The request must refund monies due the Station. The refund will cover all tax number. (qqpp)
- When Certificates of Safety are returned to the CVSS, they shall be sent by certified mail.

effective Amended at 17 Ill. Reg. (Source:

Completion Procedures for Vehicle Inspection Report (VIR) Section 451.150

- The VIR shall be completed by a CST for each and every vehicle submitted for an inspection at an Official Testing Station. (p
- The VIR remains the property of the Department at all times. 9
- Every combination of vehicles (e.g., tractor-trailer) shall be tested as separate units and must have separate VIRs. 0
- The vehicle owner's registration card, title, or equivalent proof safety test for all vehicles being tested. For school bus inspections, a valid wheel pull form (SB6) shall also be presented to the CST prior to the safety test. The safety test of ownership shall be presented to the CST at the time of the cannot begin without proper ownership documentation and wheel pull form (if school bus is tested). (p
- Wehicle registrations material must be identical to the VIN found The CST must verify that the Vehicle dentification Number (VIN) which is recorded on the vehicle registration material is identical to the VIN found on the recorded The Vehicle Identification Number (VIN) which is on the vehicle VIN plate. vehicle VIN plate. (a
- the CST must remove the old Certificate of Safety from the windshield of the vehicle before beginning the J
- The CST shall write legibly and use only a number two lead pencil to record information on the VIR. (H
- VIR's are separated into two types: school bus and all vehicles

ILLINOIS REGISTER

NOTICE OF PROPOSED AMENDMENTS DEPARTMENT OF TRANSPORTATION

other than school buses. The school bus VIR is used only for school buses and the other VIR is used for all other vehicles (refer to Section 451.11lustrations C and D).

- For all vehicles other than school buses, the CST must indicate in Field A whether the vehicle is tested semiannually (IVC) or annually (Interstate) 1
- In fields 5, 7, 10, 11 and 21, the required numbers and/or letters shall be written in the spaces above the bubbled area and the corresponding bubbles shall be marked below. (f)
- The following fields shall be recorded on the VIR in the following mannerorder: 4
- Field 8 Date of the safety test. 2
- Field 9 Starting time of safety test. 2)
- Time recorded must directly correspond to actual time of test. B
- Only one vehicle is to be tested at a time. (A
- Field 11 Official Testing Station and CST identification numbers. 3
- Field 12 CST initials. 4
- Field 1 Manufactured year of the vehicle. 2
- Shall be found on the proof of ownership material. A)
- If the vehicle's year is prior to 1970, only the bubble labeled "prior to 1970" is marked. $\widehat{\mathbf{B}}$
- For all other years, the appropriate combination of 1970 or 1980 and the appropriate last digit of the year is marked (e.g., for a 1983 vehicle, the "1980" and "3" bubbles would be marked). G
- Field 2 Type of vehicle to be tested. 9
- Fields 3 or 4 -- Manufacturer of the Power Unit #
- Mark the appropriate manufacturer of the vehicles being tested, #

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

- no name is given, the bubble "other" is marked. #
- Field 2A Vehicle rejected and not returned within 30 days. 7
- (other than school bus) Vehicle make Vehicle chassi Field 3 (school bus) -Field 3 (other than sch 8
- 6
- Field 4 (school bus) Body type Field 4 (other than school bus)
- Field 5 License Plate Number 100
- Enter the exact license plate letters and/or numbers found on the plates attached to the vehicle. (A
- 2 Begin filling from the left most box and proceed the right. 8
- Fill only enough boxes to record the number. 0
- "NONE" in the upper fields and mark the appropriate If no plates are attached to the vehicle, enter bubbles below. 0
- Field 7 Vehicle Identification Number (VIN) 14
- 12 Begin filling from the left most box and proceed the right. A
- or Do not leave any blank spaces between numbers 8
- Blank spaces are acceptable only at the far right if not needed to record the VIN. 0
- Field 10 Odometer Reading 1210)
- Begin filling from the right most box. B
- Mark "O" in any unoccupied boxes (e.g., odometer reading of 17,323 would be written 017,323). 8
- Mileage is bubbled in thousands of miles (e.g., odometer reading of 17,323 would be bubbled 017). 0
- Field 15 Number of Axles 13‡

NOTICE OF PROPOSED AMENDMENTS DEPARTMENT OF TRANSPORTATION

- Mark the number of wheel axles found on the vehicle. 8
- Single and double wheel axles are recorded separately. 8
- Field 13 Component Reject Area 1412)
- Mark the appropriate bubble(s) for any defects found on the vehicle during the safety test. A)
- Complete the entire test, regardless of defects found. 8
- detailed description of the defects found (school bus Where several defects are represented by the same bubbled area, the "remarks section" on the second blue sheet of the VIR is to be used for a more VIR only) 0
- Field 16 Test Fee 124
- Enter the test fee charged according to the posted Official Testing Station fee schedule. A
- If a Certificate of Safety is issued, the fee for the Certificate is to be included in this field. If no Certificate of Safety is issued, only the test fee is recorded. 8
- Fields 17 and 18 Repair Charges 1614)
- entered in Field 17. No repairs or adjustments shall be initiated without express permission of the The cost of parts used for minor repairs shall be vehicle owner or driver. B
- Labor charges can only be assessed for specific mechanical work performed. The cost of labor necessary to make minor repairs shall be entered in Field 18. 8
- The costs shall be rounded to the nearest dollar. 0
- Field 14 Completion Time of Test. 1715)
- Time is determined after testing procedures and Vehicle Inspection Report are complete. 8
- Both the front and rear sides of the Vehicle Inspection Report must be complete. 8

ILLINOIS REGISTER

NOTICE OF PROPOSED AMENDMENTS DEPARTMENT OF TRANSPORTATION

- Fields 19, 20 and 21 Certificates of Safety Issued 1846)
- vehicle meeting or exceeding the minimum safety test Certificates of Safety shall only be issued to a requirements. 8
- The date the Certificate is affixed to the windshield shall be entered in Field 19. 8
- The time the Certificate is affixed shall be entered 20. n Field 0
- The complete eleven-digit Certificate serial number shall be entered in Field 21. 6
- Field 22 Total Costs for Safety Test 1917)
- Field 22 is mandatory for all lanes Official Testing <u>Stations (OTS)</u> other than P<u>rivate lanes OTS.</u> 22 is optional for P<u>rivate lanes OTS.</u> P
- Subtotal fees are separated into the following categories: 8
- Test fee;
- Labor charge; 11
- Parts charge; 111)
- Sales tax; and j.()
- Certificate of Safety fee categories. 5
- The legal section on the reverse side of the second and third copies of the Commercial Vehicle <u>Inspection Safety Report must be completed as follows:</u> The CSI can either complete both copies or remove the last page of carbon paper and reinsert it back into allows the information which is required on the back of the VIR the VIR between the second and third copies of the form. to also be shown on the back of the second copy. +
- Item 1 Vehicle Owner's Identification
- Enter the complete name and address of the owner as shown on the proof of ownership or registration 8

OF TRANSPORTATION DEPARTMENT

NOTICE OF PROPOSED AMENDMENTS

- no Information shall be printed legibly and abbreviations are acceptable. 8
- Driver's signature 2 Item 2)
- name and signature Item 3 - CST 3
- Must be complete name 8
- Legal signature only B)
- 4 Retesting CST Signature Item 4)
- Completed only when a rejected vehicle returns for retest. A
- The CST performing the retest and signing Item 4 does not have to be the same CST who performed the original safety test. 8
- For interstate vehicles, the CST must complete the pass/fail check off list on page two. Only those components that apply to the unit being inspected can be checked.
- For each replacement Certificate issued, field numbers 1-7, 10-13 (code only "Replacement Certificate of Safety" bubble at right end of "Glazing" line), 15, 16 (code amount of Certificate of Safety fee if charge was made; skip this field if no charge was made), and 19-21 shall be completed on a VIR. n÷)
- Before beginning the safety test, the CST shall remove any old Certificates of Safety already affixed to the vehicle. \pm
- The Certificate of Safety fee shall not be charged to the driver until the Certificate is issued. (†0
- The fleet number should Safety tests requiring fleet number information can be shown on be inserted in the lower prescribed area on the VIR labeled the second and third copies of the VIR. "fleet number, #
- It is the responsibility of the Official Testing Station Owner to ssue, submit and file the completed Vehicle Inspection Report copies as listed below: (#d
- Submitted to the Department. Top Copy: $\widehat{}$

LLINOIS REGISTER

. .

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

- Copy is held at the Station until the first Monday following the test. B
- are Each Monday all VIR's completed the previous week to be mailed to the following address: 8

Illinois Department of Transportation 2300 S. Dirksen Parkway 62764 Springfield, IL Room 022

- Second Copy: Issued to Driver Filed at Official Testing Station. 5
- including interstate VIR's, must be filed in VIR's completed for interstate (annual) inspections must be filed separately from all other VIRs. following order: the A
- TRL, TRK, Certificate of Safety code (i.e., or RBV)
- Certificate of Safety serial number (Field 21).
- Date and time Certificate of Safety is applied
- Month Certificate of Safety is applied. <u>``</u>
- pull form (i.e., SB6) shall be attached to the second For school bus inspections, the corresponding wheel 8
- The second copy shall be preserved, protected, and retained f<u>or a minimum of eighteen months from</u> Certificate of Safety issuance date. d
- The second copy shall be available for inspection by Department personnel during regular business hours which are listed in Section 451.70(1)(1)(B) 6
- Third Copy: Issued to Driver Filed at Official Testing Station. 3
- must be filed separately from all other VIRs. All VIR's, including interstate VIR's, must be filed in VIR's completed for interstate (annual) inspections the following order: #

93

93

- TRK, TRL, SHB Certificate of Safety code (i.e., OF RBV) 7
- number (Field 21). Certificate of Safety-serial
- Date and time Certificate of Safety is applied. 1
- Month Certificate of Safety is applied.
- form (i.e., SB6) shall be attached to the second school bus inspections, the corresponding wheel £003 Ŧ #
- The second copy shall be preserved, protected, and retained for a minimum of cighteen months from Certificate of Safety issuance date. 3
- inspection by Department personnel during regular business hours which are listed in Section 451.70(1)(1)(B). The second copy shall be available for #
- Vehicle Inspection Reports Rejected Vehicles: **P**
- First and thirdsecond copies are to be retained at the Station for thirty days.
- SecondThird copy allows thirty days for repair and return to the original Station for reinspection of only previously rejected components retest. If the vehicle passes inspection, only the Certificate of Safety fee (\$1) can be The cost of the original inspection covers the cost of reinspection for thirty days. rejected components retest. charged. 5
- If the vehicle is returned for retest within the thirty day period of time, the VIR is to be completed and copies distributed as in subsections ($4p_D(1)$, (2) and (3).
- for a retest, <u>field 2A is completed and</u> the first (top) copy of the VIR is forwarded to the CVSS with the following If at the end of thirty days the vehicle has not returned The thirdsecond copy is filed in the eighteen month file by month of original test. Monday's VIRs. 4)
- Vehicle Inspection Reports Incomplete Vehicles: (1
- The first and thirdsecond copies of the VIR shall be held at the Station for sixty days.

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

- The secondthird copy allows sixty days for completion and return to the original Station for retest. 5
- day period, the VIR is completed and copies distributed as in If the vehicle is returned for retest within the sixty subsections (Ap)(1), (2), and (3). 3
- following Monday's VIRs. The thirdsecond copy is filed in returned for retest, <u>field 2A is completed and</u> the first (top) copy of the VIR is forwarded to the CVSS with the If at the end of the sixty days the vehicle has not the eighteen month file by month of original test. 4

effective Amended at 17 Ill. Reg. (Source:

Official Testing Station Forms, Records and Reports Section 451.160

- required for the operation of an Official Testing Station shall The following forms, records, supplies and reports which are be prescribed and furnished by the CVSS: a)
- VIR-1 Vehicle Inspection Report
- VIR-2 School Bus Vehicle Inspection Report 2
- SVI-1312 Rejected Vehicle Report

5

- SVI-1241-1 Lost or Stolen Certificate Report
- Mutilated or Replacement Certificate SVI-1280 - Defective, of Safety Report 4
- GVI-R075 Certificate of Safety Requisition Form

2

- Receipt for Certificates of Safety. SVI-1274 - Requisition form for all supplies, including Certificates of Safety. 9
- Do not use these envelopes School bus VIR's must be returned VIR Mailers - Envelopes used to return top copy of VIR to to the Department in school bus mailers. the Department for tabulation. for any other purposes.
- required forms, records, supplies and reports will remain the property of the Department. 9
- All forms, completed records and reports shall be kept in secure place within the official Testing Station.

いかのいかでき

NOTICE OF PROPOSED AMENDMENTS

Furnished materials shall be available for inspection by Department personnel anytime during the Station's required regular business hours listed in Section 451.70(1)(1)(1).

9

- Upon request of the Department, all materials and supplies furnished by the Department will be surrendered immediately to Department personnel when the Station is either temporarily or permanently closed. (a
- It shall be the Station Owner's responsibility to maintain a supply of all forms needed in the operation of the Official Testing Station. These forms may be obtained from the CVSS by submitting the prescribed order form. It shall be the owner's responsibility to make sure his employees utilize the proper ()
- prominent place, within the lane, designated testing area or immediately adjacent, a display board to contain the following It shall be the Station Owner's responsibility to mount in a items which are furnished by the CVSS: (b
- Official Testing Station Permit; 2
- Certificate of each CST; 5
- Test Procedure Chart; #
- Lighting Devices and Reflectors Chart; **(**
- Approved inspection fee per axle as shown on the Vehicle Inspection Station Price Schedule (if applicable); and 45
- Approved school bus inspection fee as shown on the Official School Bus Testing Lane poster (if applicable)÷<u>.</u> <u>5</u>€)
- Vehicle Identification Number (VIN) Chart; and #
- Consumer Information, Vehicle Owner Rights, and Warning Chart. \$
- The items required to be displayed shall be posted immediately upon receipt 9
- preserve The posted items shall be covered and protected, either individually or as a group, by a transparent material to their neat and legible appearance. :

of lifting the heaviest type of vehicle to

height adequate for proper "front end"

inspection

ILLINOIS REGISTER

è 1,

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

- The board displaying the posted items must be accessible and visible to the vehicle's driver waiting for a safety test. j
- The Station Owner shall advise the CVSS immediately if any of the posted items need to be reissued due to their being inaccurate, invalid, illegible or no longer current. 2
- All posted items remain the property of the Department. $\widehat{}$

Amended at 17 Ill. Reg. (Source:

Section 451.APPENDIX F - Authorized Inspection Equipment

CLASS "A," "C," APPLICABLE "B1," "B2," "D" and "P" LANES OTS

Brake Tester Combination Brake Tester-	Ammco Tools, Inc. Bear Mfg. Co. Bear Mfg. Co. Weaver Mfg. Co.	900 Flush Type 4505 Surface Type 4506 Flush Type 4510 Surface Type WY-40SA Surface Type WY-75 Flush Type WY-85 Flush Type WY-400 Surface Type WY-400 Surface Type WY-86 Flush Type WY-86 Flush Type WY-86 Flush Type
Wheel Alignment Tester Wheel Alignment Tester	Alemite Division Ammco Tools, Inc. Bear Mfg. Co. Bear Mfg. Co. Weaver Mfg. Co.	3132 Surface Type 8725 Surface Type 230 Surface Type 231 Flush Type MJ-23 Surface Type MJ-132A Surface Type MJ-133A Flush Type MJ-133A Flush Type MJ-131 Flush Type MJ-130 Surface Type MJ-131 Flush Type MJ-132 Surface Type
Lifting Equipment	Any Jack, Lift or Hoist having a lifting capacity of 18,000 pounds or more and capable	having a lifting ds or more and capable

CLASS "B" AND APPLICABLE "D" AND "P" LANES OTS

800 Flush Type 450 Surface Type 451 Flush Type 450W Surface Type WY-30 Surface Type WY-60 Flush Type	WY-25 Surface Type 8725 Surface Type 240 Surface Type 241 Flush Type 250 Surface Type	Type WJ-22 Surface Type WJ-25 Flush Type
Ammco Tools, Inc. Bear Mfg. Co. Bear Mfg. Co. Weaver Mfg. Co. Weaver Mfg. Co.	Meaver Mfg. Co. MY-2: Ammco Tools, Inc. 8725 Bear Mfg. Co. 240 Bear Mfg. Co. 241 Bear Mfg. Co. 241 Gear Mfg. Co. 250 John Bean Dif. 250	GFMC Corp.) 149 Surface Type Weaver Mfg. Co. MJ-22 Surface Type Weaver Mfg. Co. MJ-25 Flush Type
Brake Tester Brake Tester Brake Tester Brake Tester Brake Tester Brake Tester * Combination Brake Tester-	Wheel Alignment Tester	Wheel Alignment Tester Wheel Alignment Tester

This piece of equipment is acceptable only if it remains in the possession of the owner as of July 1, 1973, or if it is sold to a new owner but remains in the same facility.

Lifting Equipment

Any Jack, Lift or Hoist having a lifting capacity of 5,000 pounds or more and capable of lifting the heaviest vehicle to be inspected to a height adequate for proper "front end" inspection.

ALL LANES - CLASS "A," "B," "C," "B1," "B2," "D" AND "I"

Headlight Tester

Headlight Tester

Headlight Tester Weadlight Tester Headlight Tester Headlight Tester Headlight Tester Headlight Tester Headlight Tester Hoad light Tostor

Hoadlight Toster

(FMC Corp.) 270 Portable Type-(FMC Corp.) 271 Track Type

John Bean Div.

(Stewart-Warner Corp.) 3150-Portable Type Alemite Div.

25-33-2 Portable Type 25 34 2 Track Type 25 35 2 Portable Type -2 Track Type 560 Portable Type 561 Track Type 3151 Track Type 565 Track Type (Stewart-Warner Corp. Hunter Eng. Co. Hunter Eng. Co Hunter Eng. Co John Bean Div. Bear Mfg. Co. Bear Mfg. Co. Bear Mfg. Co. Alemite Div. Hunter Eng.

ILLINOIS REGISTER

3166

DEPARTMENT OF TRANSPORTATION

NOTICE OF PROPOSED AMENDMENTS

(FMC Corp.) 273 Track Type

(FMC Corp.) 273 Track Type

(W. 45 Portable Type MX 50 Portable Type WX 51 Track Type-WX-46 Track Type John Bean Div. (FMC Corp.) 272 Portable Type Weaver Mfg. Co John Bean Div. Weaver Mfg. Co Weaver Mfg. Co Headlight Tester Headlight Tester Headlight Tester Headlight Tester Headlight Tester Headlight Tester

The foregoing list of approved equipment supersedes all previous approved equipment lists issued before March 1, 1973.

effective (Source: Amended at 17 Ill. Reg.

" CANCORD IN

ILLINOIS REGISTER

PROPOSED AMENDMENTS DEPARTMENT OF TRANSPORTATION 9 NOTICE

PROPOSED AMENDMENTS **TRANSPORTATION**

9

VOTICE

451.

т

DEPARTMENT OF

Bus) Report (School Vehicle Inspection 451.ILLUSTRATION Section

0067821

Vehicles. THIS COPY TO DEPARTMENT OF TRANSPORTATION О ыие Other O more O mand O way O more O from 0 ==== JIART U INOd 7-(.... (.... (.... (... 0 (A11 HORE 5000 а∪яз () NB: O MAKE 433 Report TRAILE! ONSE Own Inspection () ILEM 2 (090 11EM 4 211 ILEM 3 SMSI 3010K () NISS () CAR () cle WAR () OTUM 00000 000 000 444 000 图图中中国 00000 HILL HELL HELL 696 ILLUSTRATION HANCE 900 888 000 060000 88888888888 000000 WEHICLE TYPE 0 0 0 0 0 so NOUVIS(I) 0 0 0 3m000 0 € 2 () O 0661 MODEL YEAR erase mark completely CICISTI Section REMOIT ONTA MAHRING INSTRUCTIONS ILLINOIS DEPARTMENT OF TRANSPORTATION . VEHICLE INSPECTION REPORT

àt

Added

effective

Reg

Ξ.

Added at 17

(Source:

МАЯКІМС ІМЅТЯПСТІОМЅ

HIGHT MARK

ILLINOIS DEPARTMENT OF TRANSPORTATION . SCHOOL BUS INSPECTION REPORT

HIRITION I

THIS CODY TO DEPARTMENT OF THANSPORTATION

THIS COPY TO DEPARTMENT OF THANSPORTATION

THIS COPY TO DEPARTMENT OF THANSPORTATION The second control of 0 9 1431 Osmai () desired () or or () to or () () P W31 IEM 3 () ITEM F (There's Order Order Order Order LEWS [] LIEWE [) амэн () тизг O No.17

Algorian Commission of Parks

Sent O Commission of Commission o () main () month () Ээмэнк Гинц EM 4 () в энц ING Pro Garage Observed Organia 5410 GUAN NOLL 43.0 O MALL O MALL ORD O CHL тять () соми 3.00x 9999999999999999999999 HEA () COLF лямэ () Qv: | Darrier | Darr 3441 8008 CHV2312 AEHKCLE () () Iring D SHALL CONTROL OF SHALL STREET O S J subsu subsubsu 0 1000 000000 000 UPI 000 10000 0000000000000000000000 AEHICLE TYPE 0000000000000000000000 () () (m) · 10 (61) + 1/21 MODEL YEAR VEHICLE --erase mark completely if you make an error OOOO

3167

93

- The Heading of the Part: Merit and Fitness

<u>_</u>

- Code Citation: 80 Ill. Adm. Code 302
- Adopted Action: Section Numbers: 3

Amendment Amendment 302.610 302.180

- Statutory Authority: Implementing and authorized by the Personnel Code (III. Rev. Stat. 1991, ch. 127, par. 63b101, et seq.) [20 ILCS 415/1 et seq.] 4)
- March 1, 1993 Effective Date of Amendments: 2
- 8 Does this rulemaking contain an automatic repeal date? (9
- Do the Amendments contain incorporations by reference?
- Date Filed in Agency's Principal Office: March 1, 1993 8
 - Notice of Proposal Published in Illinois Register 6

November 13, 1992, 16 Ill. Reg. 17187

- No. Has JCAR issued a Statement of Objections to the Amendments? 0
- Differences between proposal and final version: =

No changes were made

- Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were necessary. 12)
- Ν. 13) Will the Amendment replace an emergency rule currently in effect?
- 14) Are there any amendments pending on this Part?
- Summary and Purpose of Amendment: (2)

Qualified individuals who participate in these programs could be promoted into certain targeted State positions assuming they have successfully completed a training program approved by the Department and have passed Section 302.180. The Department has been exploring methods to facilitate the recruitment of highly qualified individuals into State service. This amendment would achieve this purpose by the use of training programs. any competitive promotional examination requirements.

ILLINOIS REGISTER

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

similar provisions which have been adopted by other jurisdictions. For example, rules adopted by the Secretary of State pursuant to the Secretary of State's Merit Employment Code allow for reinstatement of employees Merit Code. This language also is consistent with other provisions in the rules which allow for movement of employees among merit systems (e.g., formerly certified under jurisdictions other that the Secretary of State This amendment will conform the Personnel Rules to merit system transfers). Section 302.610.

Information and questions regarding this adopted amendment shall be directed to: 16)

720 Stratton Office Building Springfield, IL 62706 Stephen W. Seiple (217)782-9669 The full text of the Adopted Amendments begin on the next page.

Deductions From Continuous Service Leave of Absence for Educational Purposes Veterans Continuous Service Peace or Job Corps Enrollees Continuous Service Accrual and Retention of Continuous Service During Certain Leaves Limitations on Continuous Service	SUBPART E: PERFORMANCE REVIEW	Performance Records Performance Evaluation Forms	SUBPART F: PROBATIONARY STATUS	Probationary Period Certified Status. Status Change in Probationary Period Intermittent Status	SUBPART G: PROMOTIONS	Eligibility for Promotion Limitations On Promotions Failure to Complete Probationary Period	SUBPART H: EMPLOYEE TRANSFERS		Merit System Transfer Geographical Transfer (Agency Directed) Geographical Transfer (Agency Directed) Procedures	Notice To Employee Effective Date of Geographical Transfer (Agency Directed)	Employee-Requested Geographical Transfer Rights of Transferred Employees	Iranster of Duties Limitations on Transfers	Employee Records	SUBPART I: DEMOTION	
302.210 302.215 302.220 302.230 302.240 302.250		Section 302.260 302.270		Section 302.300 302.310 302.320 302.325		Section 302.330 302.335 302.340		Section 302.400 302.410 302.420	302.425 302.430 302.431	302.432	302.435	302.445	302.460		Section
TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND POSITION CLASSIFICATIONS CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES	PARI 30Z MERIT AND FITNESS	SUBPART A: APPLICATION AND EXAMINATION Section	20	302.30 Veterans Preference 302.40 Announcement of Examination 302.52 Notice to Eligibles 302.55 Grading Examinations 302.60 Retaking or Regrading Examinations 302.70 Application and Eligibility	SUBPART B: APPOINTMENT AND SELECTION		302.100 Geographic Preference 302.105 Pre-Employment Screening	302.110 Appointment From Eligible List 302.120 Responsibilities of Eligibles 302.130 Removal of Names From Eligible Lists 302.140 Replacement of Names on Eligible List 302.150 Appointment and Status	Extension of Jurisdiction B	SUBPAKI C: IKAINEES	Section 302.170 Programs 302.175 Appointments		SUBPART D: CONTINUOUS SERVICE		302.200 Interruptions In Continuous Service

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES NOTICE OF ADOPTED AMENDMENTS

ILLINOIS REGISTER

1171

ILLINOIS REGISTER

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

			Employee				
Demotion	Notice to Employee	Employee Obligations	Salary and Other Benefits of	Appeal by Certified Employee	0	Demoted E	
302.470	302.480	302.490	302.495	302.496	302.497	302.498	

SUBPART J: VOLUNTARY REDUCTION AND LAYOFFS

	Section	302.500 Voluntary Reduction of Certified and Probationary Employees	302.505 Limitations in Voluntary Reduction	302.507 Definition of Layoff	302.510 Temporary Layoff								302.525 Disapproval	302.530 Order of Layoff	302.540 Effective Date of Layoff	302.550 Employee Opportunity to Seek Voluntary Reduction	302.560 Order of Preference in Voluntary Reduction	302.570 Reemployment Lists			302.595 Laid Off Probationary Employee	3302.596 Appeal by Employee	3302.597 Reinstatement from Layoff	3302.600 Resignation	
--	---------	---	--	------------------------------	--------------------------	--	--	--	--	--	--	--	---------------------	-------------------------	----------------------------------	--	--	----------------------------	--	--	--	-----------------------------	------------------------------------	----------------------	--

SUBPART K: DISCHARGE AND DISCIPLINE

po

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

				Criminal Indictment
302.700 Cause for Discharge 302.705 Pre-Termination Hearing				Suspension or Discharge Resulting From Arrest or Criminal Indictment Prohibition of Discrimination
302.700	302.710	302.730	302.780	302.785

SUBPART L: TERM APPOINTMENTS

AUTHORITY: Implementing and authorized by the Personnel Code (Ill. Rev. Stai 1991, ch. 127, par. 63bi0l et seq.) [20 ILCS 415/1 et seq.]

SOURCE: Filed May 29, 1975; amended at 2 Ill. Reg. 33, p. 24, effective September 1, 1978; amended at 3 Ill. Reg. 1, p. 63, effective January 1, 1979; amended at 3 Ill. Reg. 22, p. 78, effective June 1, 1979; emergency amendment at 3 Ill. Reg. 48, p. 188, effective January 1, 1980, for a maximum of 150 days; emergency amended at 4 Ill. Reg. 1, p. 75, effective January 1, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 1, p. 67, effective March 1, 1980; amended at 4 Ill. Reg. 12, p. 216, effective March 31, 1980; amended at 4 Ill. Reg. 22, p. 227, effective June 1, 1980; amended at 5 Ill. Reg. 8029, effective August 1, 1981; amended at 7 Ill. Reg. 241, effective January 5, 1983; codified at 7 Ill. Reg. 13198; amended at 8 Ill. Reg. 7788, effective May 23, 1984; emergency amendment at 9 Ill. Reg. 241, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 7907, effective May 15, 1985; amended at 10 Ill. Reg. 13940, effective September 1, 1986; amended

NOTICE OF ADOPTED AMENDMENTS

effective May 21, 1992; emergency amendments at 16 III. Reg. 11645, effective July 6, 1992, for a maximum of 150 days; amended at 16 III. Reg. 13489, effective August 19, 1992; amended at 16 III. Reg. 17607, effective November 6, 1992; amended at 17 III. Reg. 3169, effective March 1, 1993 at 12 Ill. Reg. 5634, effective March 15, 1988; emergency amendments at 12 Ill. Reg. 16214, effective September 23, 1988, for a maximum of 150 days; emergency expired February 20, 1989; amended at 13 Ill. Reg. 3722, effective March 13, 1989; amended at 13 Ill. Reg. 10820, effective June 23, 1989; amended at 13 Ill. Reg. 12970, effective August 1, 1989; amended at 15 Ill. Reg. 17974, effective November 27, 1991; amended at 16 Ill. Reg. 8375.

Section 302.180 Limitations on Trainee Appointments

- Any trainee appointed to a position in a trainee class in accordance with the Rules of the Department concerning Examinations and Eligible permanent position only after passing an appropriate competitive promotional examination for the title for which he/she is training and his/her name has been reached on the promotional eligible list Lists, Sections 302.10 through 302.160, shall be appointed to a a)
- program approved by the Director of Central Management Services shall the title for which he/she is training only after he/she has passed been reached on the resulting eligible lists, except that a trainee competitive examination shall obtain a probationary appointment in training program, and after passing an appropriate competitive promotional examination for the title for which he/she is training and his/her name has been reached on the promotional eligible list the appropriate open competitive examination and his/her name has <u>obtain probationary appointment in the title for which he/she is</u> Any trainee directly appointed in a training class without open appointed to serve in a highly technical or management training being trained only after successful completion of the approved 9

March 1, 1993 _, effective 3169 (Source: Amended at 17 Ill. Reg.

Section 302.610 Reinstatement

On request of an operating agency, the Director may reinstate a former certified employee who resigned or terminated in good standing or whose position was reallocated downward or who was laterally transferred or whose name was placed on a reemployment list. Such reinstatement may be to a position in the class to which the employee lateral transfer or layoff or to an equivalent or lower position in a was assigned prior to resignation, termination, downward allocation, related series. The Director may reinstate an employee who was formerly certified under the Secretary of State Merit Employment Code, the University Civil Service System of Illinois, Comptroller Merit Employment Code or the State Treasurer Employment Code. A ф

ILLINOIS REGISTER

11/6,

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

reinstated employee shall serve an additional six month probationary accompanied by the employee's performance records when available. period in the position. Request for reinstatement shall be

A certified employee whose name appears on a reemployment list may be in the same or a higher pay grade than that for which the employee is eligible for reemployment, then, upon satisfactory completion of the new probationary period, the employee's name shall be removed from the reemployment list. If reinstated to a position in a lower pay grade than that for which the employee is eligible for reemployment, If reinstated to a position reinstated to a position other than the position to which the employee is eligible for reemployment. If reinstated to a pos t shall have no effect on the employee's reemployment rights. 9

., effective March 1, 1993 Amended at 17 Ill. Reg. 3169 (Source:

NOTICE OF ADOPTED AMENDMENTS

- in Fishing and Musseling Commercial Certain Waters of the State OF THE PART: HEADING 1)
- CODE CITATION: 17 Ill. Adm. Code 830 2)

3)

- ADOPTED ACTION: Amendments Amendments Amendments Amendments Amendments SECTION NUMBERS: 830.40 830.80 830.90 830.20 830.10
- STATUTORY AUTHORITY: Implementing and authorized by Sections 1-60, 1-65, 1-120, 10-120, 15-35, 15-40, 20-35, and 25-5 of the Fish and Aquatic Life Code (Ill. Rev. Stat. 1991, ch. 56, pars. 1-60, 1-65, 1-120, 10-120, 15-35, 15-40, 20-35 and 25-5) [515 ILCS 5/1-60, 1-65, 1-120, 10-120, 15-35, 15-40, 20-35 and 4)
- March 2, 1993 EFFECTIVE DATE OF AMENDMENTS: 2
- NO DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? (9
- DO THESE AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? 7)
- DATE FILED IN AGENCY'S PRINCIPAL OFFICE: February 26, 1993 8)
- November NOTICE OF PROPOSAL PUBLISHED IN ILLINOIS REGISTER: 20, 1992, 16 Ill. Reg. 17405 6
- STATEMENT OF OBJECTIONS TO THESE RULES: JCAR ISSUED A HAS 10)
- DIFFERENCES BETWEEN PROPOSAL AND FINAL VERSION: 11)

In the Authority Note, the name of the Act was changed to "the Stat." and the "Ill. Rev. citations were updated to the "ILCS" citation. Fish and Aquatic Life Code"

The Main Source Note and affected Section source notes were updated to "17 Ill Reg."

in "counties" was changed In Section 830.10(b)(4), the "c" upper-case.

10 changed "830.40(d)(2)" was 830.40(e)(1), "830.40(e)(3). Section

ILLINOIS REGISTER

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED AMENDMENTS

In Section 830.80(c), paragraphs (1) and (2) were moved to the left one-half inch.

5/20-1051" ILCS following the statutory citation. 1 512 830.90(a), Section

added In Section 830.90(b), "[515 ILCS 5/20-35, 20-105]" was following the statutory citation.

- HAVE ALL THE CHANGES AGREED UPON BY THE AGENCY AND JCAR BEEN MADE AS INDICATED IN THE AGREEMENT LETTER ISSUED BY JCAR? 12)
- WILL THESE AMENDMENTS REPLACE AN EMERGENCY RULE (AMENDMENT, REPEALER) CURRENTLY IN EFFECT? 13)
- ARE THERE ANY AMENDMENTS PENDING ON THIS PART? 14)
- boundaries of an existing mussel sanctuary; closing the entire Wabash River to commercial musseling; changing the basis for denial of issuance of commercial contract to include "court Mississippi River from commercial fishing except by U.S. Fish and Wildlife Service contract; restricting commercial fishing all Illinois River areas in one subdivision; extending the Changes include excluding on the except by contract on two State wildlife refuge areas, putting Wildlife Refuges SUMMARY AND PURPOSE OF AMENDMENTS: Fish and Wildlife Service supervision." 15)
- INFORMATION AND QUESTIONS REGARDING THESE ADOPTED AMENDMENTS SHALL BE DIRECTED TO: 16)

524 S. Second Street, Room 485 Springfield, IL 62701-1787 Department of Conservation Jack Price

THE FULL TEXT OF THE ADOPTED AMENDMENTS BEGINS ON THE NEXT PAGE:

NOTICE OF ADOPTED AMENDMENT(S)

CHAPTER I: DEPARTMENT OF CONSERVATION TITLE 17: CONSERVATION

SUBCHAPTER b: FISH AND WILDLIFE

COMMERCIAL FISHING AND MUSSELING IN CERTAIN WATERS OF THE STATE PART 830

Section	
830.5	Definitions
830.10	Waters Open to Commercial Harvest of Fish
830.20	Waters Open to Commercial Harvest of Mussels and Seasons
830.30	Special Regulations
830.40	Devices
830.50	Permission
830.60	Species
830.70	Size Limit
830.80	Commercial Fishing and Musseling in Additional Waters
830.90	Revocation and Suspension of Commercial Fishing and
	Privileges, Hearings and Appeals and Reporting Requirements

15-35, 15-40, 20-35 and 25-5 of the Fish and Aquatic Life Code (111. Rev. Stat. 1991, ch. 56, pars. 1-60, 1-65, 1-120, 10-120, 15-35, 15-40, 20-35 and 25-5) [515 ILCS 5/1-60, 1-65, 1-120, 10-120, 15-35, 15-40, 20-35, 25-5]. AUTHORITY: Implementing and authorized by Sections 1-60, 1-65, 1-120, 10-120,

SOURCE: Adopted at 5 Ill. Reg. 6809, effective June 16, 1981; codified at 5 20, 1982; amended at 7 Ill. Reg. 2707, effective March 2, 1983; amended at 10 111. Reg. 6926, effective April 15, 1986; amended at 11 Ill. Reg. 9513, effective May 5, 1987; amended at 12 Ill. Reg. 11714, effective June 30, 1988; 1111. Reg. 10648; emergency amendment at 6 Ill. Reg. 6468, effective May 18, 1982, for a maximum of 150 days; amended at 6 111. Reg. 10680, effective August amended at 15 Ill. Reg. 8544, effective May 24, 1991; amended at 16 Ill. Reg. , effective 5257, effective March 20, 1992; amended at 17 Ill. Reg. 3177

Section 830.10 Waters Open to Commercial Harvest of Fish

- except Quincy Bay, including Ouincy Bay Waterfowl Management Area, and alt-refuge--waters tocated--as--part--of-Gardner-bivision-of-Mark-Twain-National-Wilde Refuge U.S. Fish and Wildlife Service National Wildlife Refuge waters, but includes that portion of the Kaskaskia River below the navigation and adjacent backwaters, River lock and dam. Mississippi a)
 - Illinois River and adjacent backwaters7-except from Route 89 highway U.S. Fish and Wildlife National Wildlife Refuge waters; bridge upstream.downstream, except for: Q
 - Donnelly/Depue Fish and Wildlife Area; 1224
 - Rice Lake Complex, including all of Big Lake; and
- Meredosia Lake in Cass and Morgan Counties during duck season.

TLLINOIS RECISTER

08.12 2.5 2.5

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED AMENDMENT(S)

- Wabash River.
- Embarras River, except from Route 130 in Coles County upstream Route 16 including Lake Charleston. (p
- Sangamon River, downstream of Belt Route 48 southwest of Decatur to mouth in Cass County. (a
- in Randolph Kaskaskia River south of Route U.S. 50 Bridge to mouth County. £)
 - Little Wabash River.
 - Big Muddy River south of State Route 14 highway bridge in Franklin County to mouth in Jackson County. g)
- Skillet Fork.
- Cache River from Route 51 downstream to the Mississippi River via Cache Diversion Channel but not including that portion of the Cache River between the Cache Diversion Channel Levee and the Ohio River. i)
- Meredosia-bake-in-Cass-and-Morgan-counties-except-during-duck-season: 14k) Saline River in Gallatin and Saline counties. ++

effective Reg. 111. 17 (Source: Amended at March 2, 1993

Musseling

Section 830.20 Waters Open to Commercial Harvest of Mussels and Seasons

- Mississippi River and backwaters, April 15 to August 31 inclusive, except for the following areas: a)
- 1) All of the area directly above Lock and Dam 12 (RM 556.7) from the center of the navigation channel east to the Illinois shoreline and northward to a line extending from RM 558.4 to the Blanding's Landing boat ramp, including but not limited to all of contained within the designated U.S. Reservation area. the area
 - All of the waters contained within Sylvan Slough from the Interstate 74 highway bridge (RM 485.8) west to the lower tip of Arsenal Island (RM 482.6). 2)
- the navigation channel to the Illinois shoreline lying between RM 433.0 (New Boston Boat Launching Ramp) to RM 433.8 (lower tip of All of the area north of and perpendicular to the center line the first upstream island along the Illinois shoreline). 3)
- Pontoosuc Bay contained within and described as that area from the center of the main navigation channel and perpendicular to the Illinois shoreline located between RM 388.0 (Pontoosuc light and daymark) and RM 390.2 (Dallas City boat access area). 4)
- perpendicular to the Illinois shoreline on a line from the lighted buoy (Illinois side), both of which are at RM 361.7, to Des Moines River daymark (Iowa side) and the Des Moines River Lock and Dam 19 (RM 364.5) including any slough channels of the All of the area southward of the center of the navigation channel and 2)
 - perpendicular to the Illinois shoreline between RM 314.0 (Whitney All of the area east of the center of navigation channel and Mud Island area along the Illinois side. (9

NOTICE OF ADOPTED AMENDMENT(S)

All of the area east of the center of navigation channel and perpendicular to the Illinois shoreline between River Mile 238.4 light and daymark) and RM 316.0 (Hadley Island Goale light and (Hasting's Landing light and daymark) and River Mile 240-8 246.8 (West--Point--banding--boat--ramp) (Turner Landing light daymark). daymark). 7)

Illinois River and backwaters, April 15 to August 31 inclusive. (q

Wabash--River,--dune--i-to-August-3i-inclusive;-except-that-portion-of the-Wabash-River-from-the-old-dam-at-New-Harmony,--Indiana--downstream to-the-river-s-confluence-with-the-Ohio-River-÷

_, effective 3177 Reg. 111. 17 March 2, 1993 (Source: Amended

Section 830.40 Devices

- conform to all regulations as outlined in Article $\overline{_{\mathrm{IV}}}$ of Chapter 56 Commercial fishing devices used in the aforementioned waters shall of the Illinois Revised Statutes. Hoop nets, basket traps, trot lines and dip nets may be used in all of the aforementioned waters. a)
- To use trammel nets and gill nets except in the Illinois River up to Route 89 Highway bridge and the Mississippi River. It shall be unlawful:

(q

- To use seines except in the Illinois, Mississippi and Wabash Rivers. 2)
- 15 of Chapter 56 of the Illinois Revised Statutes. Handpicking Musseling devices used in waters open to commercial musseling shall conform to all regulations as outlined below and in Articles ${\mathbb F}$ 1 and and crowfoot bars may be used in all waters listed in Section 830.20 ΑŦ 0
- unlawful to use hand forks except in the Illinois and Mississippi Rivers. It shall be ф
- to use basket dredges, mechanical devices and Hand fork - mussel harvesting device similar in appearance common cornfork and is utilized while wading. shall be unlawful Ţ (e
 - Basket dredge mussel harvesting device consisting of a heavy metal box or square which collects the shells in a net or wire cage, weighs over 70 pounds, and is not operated by hand as described in Section 830.40 (de)(23). hand dredges in the taking of mussels.
- Mechanical devices refers to dredges and suction devices operated by motorized (internal combustion or electrical) power used in the actual harvest of mussels and does not refer to the manner in which the mussel harvest device is raised into the boat or the device used in propelling the boat. 2)
- powered rake) mussel harvesting device weighing less than 70 pounds consisting of a metal frame having course teeth on the bottom to which a bag constructed of Hand dredge (hand rake, hand 3

ILLINOIS REGISTER

3182

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED AMENDMENT(S)

wire mesh or netting material is attached and fastened by a line to a boom attached to the bow of the boat and held on the bottom by means of a long handle.

3177 Reg. 111. 17 at March 2, 1993 Amended (Source:

Section 830.80 Commercial Fishing and Musseling in Additional Waters

- Additional waters may be open to commercial fishing or musseling by a interests of the general public. If so, the Department shall issue a contract for removal. Any licensed commercial fisherman or musseler who wishes to fish in any water not listed under Section 830.10 or 830.20 must request permission from the Division of Fisheries. The support such activity and whether the activity is in the best contract for removal specifying the type of gear, season, species of fish or mussel that shall be removed, and any other regulations as Division will determine whether the fish or mussel resource shall be necessary to protect the resource. a)
- The standards for determining whether or not an additional fishery biological sampling of the commercial fish or mussel population to fishing or musseling activities on other water-based recreation; a determination of whether the fish are safe for public consumption CFR 109.30, 1986) (No incorporation in this Part includes later determine the relative abundance of the species present; an assessment of the impact of commercial fishing or musseling gear on sport fish or of commercial (U.S. Food and Drug Administration standards are followed (USFDA 21, or editions)); and a fair and equitable allocation of will be open to commercial fishing or musseling shall include: mussel populations; a determination of the impact commercial fishing or musseling opportunities. amendments Q
 - Commercial fishing contracts will not be issued: 0
- if an individual has been convicted found quilty of a violation of a State Fish Code law or 17 Ill. Adm. Code 830 during the past 1) for non-commercial purposes; or twelve months.

effective Reg. 111. 17 at ce: Amended March 2, 1993 (Source:

Section 830.90 Revocation and Suspension of Commercial Fishing and Musseling Privileges, Hearings and Appeals and Reporting Requirements

Stat. 1991, ch. 56, par. 5-tg 20-105) [515 ILCS 5/20-105]; failure to comply with the provisions of the Fish Code of Illinois pertaining to will result in suspension or revocation of the commercial fishing and/or musseling licenses. The procedure by which suspensions and of the Fish Code (Ill. Rev. commercial fishing and/or musseling in Illinois waters, and this In accordance with Section 5:19 20-105 a)

NOTICE OF ADOPTED AMENDMENT(S)

notice and hearing, and the procedures governing such hearings are revocations are made, the rights of commercial fishermen and musselers set forth in 17 Ill. Adm. Code 2530 (Rules governing Department Formal Hearings Conducted for Rule-Making and Contested Cases).

and subject to the penalties as set forth in Sections 5-7 20-35 and Where waters of the State are open to commercial fishing or musseling by contract, the contract will be revoked upon failure of the contractor to comply with all terms of the contract. Furthermore, any violation of a contract issued by the Director of Conservation or his agents shall be considered a violation of this Administrative Order 20-35 and 5:19 20-105) [515 ILCS 5/20-35, 20-105]. (q

Commercial fishermen shall submit an accurate annual record of the undressed weights of the species of fish harvested to the Department by January 31 of the following year, whether or not any fish were harvested. ()

of a commercial mussel harvest license shall submit an and/or relic mussel shells harvested on a monthly basis by the 10th of each month following harvest, whether or not any mussels or mussel accurate record of the types and pounds of each species of mussel Holders q)

Department shall be grounds for refusal on the part of the Department Failure of licensed commercial fishermen or musselors to submit the required harvest reports in a manner and time frame specified by the issue said individuals a license application for the following year until all required reports are received by the Department. (e

effective 3177 Reg. 111. 17 at March 2, 1993 (Source: Amended

ILLINOIS RECISTER

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED AMENDMENTS

- Spring Turkeys Taking of Wild The HEADING OF THE PART: Season 1
- 17 Ill. Adm. Code 710 CODE CITATION: 2)

3)

- ADOPTED ACTION: Amendments Amendments Amendments Amendments SECTION NUMBERS: 710.10 710.20 710.30 710.50
- 1.3, 1.4, 1.20, and 2.9 of the Wildlife Code (III. Rev. Stat. 1991, ch. 61, pars. 1.3, 1.4, 1.20, and 2.9) [520 ILCS 5/1.3, 1.4, 1.20 and 2.9], and Sections 2.10 and 2.11 of the Wildlife Code (III. Rev. Stat. 1991, ch. 61, pars. 2.10 and 2.11) [520 STATUTORY AUTHORITY: Implementing and authorized by Sections ILCS 5/2.10 and 2.111. 4)
- March 2, 1993 EFFECTIVE DATE OF AMENDMENTS: 2
- DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? (9
- DO THESE AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? 7
- February 26, 1993 DATE FILED IN AGENCY'S PRINCIPAL OFFICE: 8
- December NOTICE OF PROPOSAL PUBLISHED IN ILLINOIS REGISTER: 4, 1992, 16 Ill. Reg. 18181 6
- HAS JCAR ISSUED A STATEMENT OF OBJECTIONS TO THESE RULES: 10)
- DIFFERENCES BETWEEN PROPOSAL AND FINAL VERSION: 11)

All references to "Ill. Rev. Stat" were updated to

The indent levels in Section 710.20 were moved to the left.

In Section 710.30(g), "have in their possession" was changed to "possess while in the field" and the comma following "delete" was removed. In Section 710.30(h), a comma was inserted following "person" and the period at the end of the subsection was changed to a semi-colon.

(j) were The periods at the end of Sections 710.30(i) and changed to semi-colons.

NOTICE OF ADOPTED AMENDMENTS

In Section 710.50(b), the periods at the end of each site were

- HAVE ALL THE CHANGES AGREED UPON BY THE AGENCY AND JCAR BEEN MADE AS INDICATED IN THE AGREEMENT LETTER ISSUED BY JCAR? 12)
- WILL THESE AMENDMENTS REPLACE AN EMERGENCY RULE (AMENDMENT, REPEALER) CURRENTLY IN EFFECT? NO 13)
- ARE THERE ANY AMENDMENTS PENDING ON THIS PART? 14)
- SUMMARY AND PURPOSE OF AMENDMENTS: This Part is being amended add eight new counties and add to change season dates, add eight new c language to further clarify the rulemaking. 15)
- INFORMATION AND QUESTIONS REGARDING THESE ADOPTED AMENDMENTS SHALL BE DIRECTED TO: 16)

524 S. Second Street, Room 485 Springfield, IL 62701-1787 Department of Conservation Jack Price

THE FULL TEXT OF THE ADOPTED AMENDMENTS BEGINS ON THE NEXT PAGE:

ILLINOIS REGISTER

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED AMENDMENT(S)

CHAPTER 1: DEPARTMENT OF CONSERVATION SUBCHAPTER b: FISH AND WILDLIFE THE 1/: CONSERVATION

THE TAKING OF WILD TURKEYS - SPRING SEASON PART 710

		Si
		Managed
	Special Hunts	ment Owned or eys
Bunting Seasons	Turkey Permit Requirements - Special Hunts Turkey Hunting Requiations	Other Regulations (Repealed) Regulations at Vatious Department Owned or Managed Si Releasing or Stocking of Turkeys
Section 710.10	710.20 710.21 710.30	710.40 710.50 710.60

tes

the Wildlife Code (111. Rev. Stat. 1991, ch. 61, pars. 1.3, 1.4, 1.20, and 2.9) [520 LLCS 5/1.3, 1.4, 1.20 and 2.9), and Sections 2.10 and 2.11 of the Wildlife Code (11). Rev. Stat. 1991, ch. 61, pars. 2.10 and 2.11) [520 LLCS AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 1.20, and 2.9 of 5/2.10 and 2.11]. SOURCE: Adopted at 4 111. Rey. 15, p. 153, effective April 1, 1980; codified at 5 111. Reg. 10643; amended at 6 111. Reg. 3852, effective March 31, 1982; amended at 7 111. Reg. 4208, erfective March 25, 1983; amended at 8 111. Reg. 5663, effective April 10, 10, 1984; ankided at 9 111. Reg. 6210, effective April 111. Reg. 2267, effective January 20, 1987; amended at 12 111. Reg. 5342, effective March 8, 1988 amended at 13 111. Reg. 5090; effective April 4, 1989; amended at 14 111. Reg. 663, effective January 2, 1990; amended at 15 111. Reg. 1816, effective March 4, 1991; amended at 16 111. Reg. 1843, effective January 17, 1992; amended at 18 111. Reg. 3343, effective January 1810. April 1992; amended at 18 111. Reg. 3343, effective January 17, 1992; amended at 18 111. Reg. 3343, effective January 17, 1992; amended at 18 111. Reg. 3343, effective January 17, 1992; 3184 Reg. March 2, 1993

Section 710.10 Bunting Seasons

1992	pril	70 C	
716,	day, A	Wedne	1993
oril ‡	Thurs	~	12 12,
Monday, April #312 - Friday, April #716, #992	Saturday, April 1917 - Priday Thursday, April 2422, 1999 1903	Votunday No. 11623	Filody, May 1 - Wednesday, May 12, 1993. Saturday, May 1 - Wednesday, May 12, 1993
+312 -	ril +81	1,002,	1 - Wed
Aprıl	4, Ap		мау-о
Monday,	Saturday, April 2422, 1992 1993	CD 10 10 10 10 10 10 10 10 10 10 10 10 10	Saturday
ason:	2nd Season:		ason:
1st Season:	2nd Se	and Sea	Ountie.
			Open Countil
			(q

west of State Highway 127 only] fort v. 1. d. Bond Actual

ה האונהסס ביייי

NOTE: OF ADOPPED AMENDMENT(S)

Gallatin Harding Marshall-Putnam Cumber land Jo Daviess Effingham Hender son Macoupin Fayette Johnson Calhoun Carroll Jackson Hancock Bureau Сгеепе Fulton Marion Clark Clay Cass Knox

Highway 17 and south of (east of Illinois River (County Road 500 N.) only; north of State the McNabb Blacktop only)

> Rock Island Stephenson Washington AcDonough Whiteside Winnebago Randolph Schuyler Monroe Mercer Saline Union Scott Ogle Pope Pike

effective 3184 Reg. 111. 17 at March 2, 1993 (Source: Amended

TILLINOIS PECESTER

DEPARTMENT OF CONSERVATION

5

NOTICE OF ADOPTED AMENDMENT(S)

Section 710.20 Turkey Permit Requirements

Conservation for a fee of \$15.00. Non-resident turkey hunters shall License before hunting wild turkeys. Residents, except those exempted par. 3.1) [520 ILCS 5/3.1] are also required to obtain a hunting license before hunting wild turkey. Permits are issued for a specific county or area and are valid only in the county or area designated on first obtain a "Wild Turkey Hunting Permit" from the Department of charged the same fee for wild turkey hunting permits as that resides, except that in no case shall the fee be less than \$30.00. If the state in which the applicant resides does not provide for turkey Non-residents are also required to obtain a Non-Resident Hunting charged residents of Illinois by the state in which the applicant the permit. Applications for wild turkey permits must be mailed to: To take, or attempt to take, a wild turkey, Illinois residents by Section 3.1 of the Wildlife Code (Ill. Rev. Stat. 1989, hunting by Illinois residents, then the fee shall be a)

Department of Conservation - Turkey 524 S. Second Street, Room 210

Springfield, Illinois 62794-9446 P.O. Box 19446

individual application. Not more than 4 applications may be submitted for group hunters. Applicants submitting applications within three weeks of the season will not be guaranteed receipt of permit by start applicant must submit a personal check or money order for his/her be rejected and fees returned. Applicants must complete all portions of the permit application Incomplete applications will of season. (q

Applications from Illinois residents will be accepted January 2 4 Permits will be allocated in a computerized drawing to be held in before January 11 16, will be returned and will not be included in the computerized drawing. All requests must be on an official application through January +0 13. Applications received in the permit office after close of business on January 10 15, except for those postmarked Springfield in which the first choice of seasons will be allocated form. Permits are not transferable and refunds will not be before the second or third choices are considered. ô

computerized drawing and non-residents may apply at this time for the Permits not issued during the computerized drawing will be available in a random daily drawing. Starting dates of the random daily drawing will be publicly announced. All hunters not receiving a permit in the available permits. q

Any permits not issued as of the second Monday in March will also be available in a random daily drawing to those hunters who have e

f)

or tenants of 40 acres or more land and members of their immediate family may apply for a one free turkey permit for their property only in counties open for turkey hunting. A tenant for the acres or more land for purpose of this Part is one who rents 40 previously received one permit.

3190

63

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED AMENDMENT(S)

Commercial agriculture shall be defined as utilization of land for the All landowners or tenants that do not reside on the property must possess a valid commercial agricultural purposes under an agreement with a landowner. raising of hay, grain crops or livestock for profit. hunting license.

Landowners or tenants are not required to participate in the public permits-issued-for-a-particular-county. Landowner/tenant permits are drawing for permits and -- are-not-counted-toward-the-total-number-of valid for the entire 24 31 days encompassed by the 3 4 seasons, but allow the taking of only one wild turkey. 6

1) The immediate family is limited to the spouse, children, and permanently residing on the same property as landowner or tenant.

Proof of ownership for all free landowner or tenant applications must be provided by one of the following methods: 2)

Submittal of a copy of property deed;

Submittal of a copy of contract for deed;

Submittal B)

of copy of most recent real estate tax statement upon which landowner's name appears;

Submittal of copy of either an Agricultural Stabilization and Conservation Service Form 476 or Commodity Credit Corporation Form 477; or (in

Submittal of a copy of a trust agreement which must indicate that the trust owns at least 40 acres and the applicant is a beneficiary of the trust. (E

If you are applying for a tenant permit, you are required to submit, in addition to the landowner certification and proof ownership, a copy of one of the following: 3)

Submittal of a copy of a lease (not a hunting rights lease) county or rental agreement, file stamped as recorded by the desk, covering the current year; or B)

Submittal of a copy of either an Agricultural Stabilization and Conservation Service Form 476 or Commodity Credit Corporation Form 477.

is not A hunting rights lease, or other non-agricultural lease, valid for a landowner or tenant permit. 4)

If the property is owned or rented by more than one person; Only one landowner (and his immediate family) or one tenant (and his 2 of the landowners and their immediate family may receive immediate family) will be issued a permit for every 40 acres of For example, if 3 persons own 90 acres, rented land. owned or 2)

Por--example,-if-3-persons-own-90-acres,-only-2-of-the-landowners turkey permits. 49

346) Shareholders of corporations owning 40 or more acres of land in a county may apply for a free permit to hunt the corporation and their immediate family may receive turkey permits:

ILLINOIS REGISTER

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED AMENDMENT(S)

It application is made for free permit based upon Jo being requested. This statement must identify the applicant is a more than 15 authorizations will be requested per county for the corporation must sign a notarized statement authorizing the identify authorization to hunt and identify that no This document must be attached to the considered as a basis for a free permit for the shareholders Lands held in trust by corporations shall not considered as a basis for a free permit by the shareholders applicant to hunt on the corporate lands for which a permit lands owned by the corporation, a duly authorized officer of application upon submittal to the Permit Office. corporation lands. shareholder,

owned or leased property may apply for a--second up to two 877] Landowners or tenants who obtain a free permit to hunt their additional county-wide permit permits (\$15.00 fee) from any permits not issued as of the second Monday in March in a random

daily drawing

at least 16 years of age by the opening date of the turkey for free landowner or tenant permits who will not be in a prior year, or a in Section 3.2 of the season applied for must provide proof at the time of application that they have held a hunting license issued state certificate of competency as provided another Illinois, Applicants hunt ing State 8

A \$3.00 service fee will be charged for replacement permits issued by Wildlife Code the Department. (u

It shall be welawfu. to:

agents to before the second Monday in March ton thereafter, submittal of applications for receiving more than two three permits for the same person. Applicants may apply for a second up to two additional permit permits prior to the second application and the outside of the Additional Permit." Such applications will not be processed are marked "Application for March Drawing - Second person, receiving more than one permit for the same until the second Monday in March. in March if the envelope Monday Submit

application form. In addition to criminal charges, individuals found guilty of violating this section shall have their information on a permit application rejected, permit revoked, and fees forfeited. deceptive and/or false Provide

111. Reg. March 2, 1993 (Source: Amended

Section 710.30 Turkey Hunting Regulations

It is unlawful:

THE GOLDING.

- a) to use live turkky deceys, recorded calls, dogs, or bait; b) to take any wild turkey except a hor with a victim kernal
- to take any wild tuikey except a hen with a visible beard or a gobblei

NOTICE OF ADOPTED AMENDMENT(S)

(male);

- or attempt to take, more than two three wild turkeys during the spring season, one must have a valid permit for each turkey that to take, is taken; 0
- to use any weapon except a shotgun or bow and arrow. #4 shot is the of 40 pounds at some point within a 28-inch draw; an arrow with a metal barbless broadhead that cannot pass through a 7/8 inch diameter hole maintaining a drawn position or partially drawn position on a bow is other bows and arrows, including electronic arrow laryest and #7 1:2 is the smallest size shot that may be legally used. Any mechanical device capable Archers may use a long, recurved, or compound bow with a minimum is the only legal arrow. illegal. All q)
 - ttacking systems, are illegal; to hunt except from 1/2 hour before sunrise to moon during each day of the season; (e
- for any person having taken the legal limit of wild turkey(s) to further participate with a weapon in any hunting party for the purpose of taking additional wild turkeys; (J
- for any person to hunt-wild--turkeys--without--having--a--signed--Wild Turkey -- Hunting-Permit-in-possession possess while in the field during wild turkey season any turkey permit issued to another person (permits 6
 - to transport or leave a wild turkey without first affixing the adhesive-backed turkey permit securely around the leg. Leg tag must be turkey shall be taken whole (or field dressed) to the designated check station for the county in which it was killed, or the closest check day it was affixed to the turkey immediately upon taking-possession kill and It will be checked, tagged and recorded by the Department at before the turkey is moved, transported or field dressed. station, by the hunler in person, by 2:00 P.M. the same are non-transferable); the check station;; h C
- For any person to shoot a wild turkey while it is in a tree before 7:00 a.m. <u>;</u>
- birth, Firearm Owner's Identification number (unless exempt), hunting for any person to hunt wild turkeys without possessing a Wild Turkey Hunting Permit which shall include the hunter's signature, date license number (unless exempt) and physical description recorded the permit and carried on the person while hunting; Ţ
 - any person to use a turkey call or to attempt to call a turkey while in the field from April 1 through the day before turkey season in counties open to turkey hunting.

effectiv	
3184	
Reg.	
111.	
17	
at	
Amended	March 2, 1993
(Source:	Mar

Section 710.50 Regulations at Various Department Owned or Managed Sites

Statewide regulations shall apply for the following sites: Amax Leased Lands a)

ILLINOIS RECISTER

3192

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED AMENDMENT(S)

Carlyle Lake Willille Management Area

LaRue Scatter..

Mark Pwain N.W.R., Gardner Division

Mississippi River Poot Pools #±8-{Henderson-County} 16, 17 and 18 Mississippi River Fish and Wildlife Area

Oakwood Bottoms

Panther Creek Conservation Area

Pike County Conservation Area

Rockhouse Creek (Monroe County)

Saline County Conservation Area

and out and report turkeys harvested at the check station for the check Statewide regulations shall apply except that all hunters must Wildcat Hollow State Forest following sites: (q

Anderson Lake Conservation Area

Cache River State Natural Area - Little Black Slough Hunting Area Fort de Chartres - muzzleloading shotgun or archery only-

Giant City State Park - hunting allowed only in designated zones: Raskaskia River State Fish and Wildlife Area - south of Highway

Kincaid Lake Fish and Wildlife Area

Pere Marquette State Park - designated open zone in southeast portion of the Park only-

Trail of Tears State Forest

Conservation Area - Firing line management unit Turkey Bluffs Fish and Wildlife Area Union County

Weinburg-King State Park - hunting allowed only in designated hunters must check in and out at the check station. Hunters will be Statewide regulations shall apply and a drawing will be held the prior to each day's hunt to fill the area's daily hunter quota.

ς

allowed to hunt in designated zones only. Argyle Lake State Park

Beaver-Bam-State-Park

Big River State Forest

Castle Rock State Park

Lowden-Miller State Forest

Mississippi Palisades State Park Pere Marguette State Park

Randolph County Conservation Area

Siloam Springs State Park

Witkowsky Conservation Area

Statewide regulations shall apply except that all hunters must sign in and check out to report turkeys harvested. There will be a daily quota of hunters which will be taken on a first-come, first-served Hunters will not be allowed to sign in prior to 4 a.m. each g

93

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED AMENDMENT(S)

hunters must check in and out at the check station. Hunters will be Statewide regulations shall apply and a drawing will be held the prior to each of the three seasons to fill the hunter quota. allowed to hunt in designated zones only. Stephen A. Forbes State Park Ferne Clyffe State Park (e

posted at regulations may be Ramsey Lake State Park Additional

restriction is required. These additional regulations shall include, but not be limited to, selected check stations, limited hunting hours, and designated first-come first-serve sites.

4

when more

the sites

effective 3184 Reg. 111. (Source: Amended

ILLINOIS REGISTER

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

General Application Heading of the Part:

 $\widehat{\Box}$

- Code Citation: 56 Ill. Adm. Code 2712 5
- Section Section Section Section Adopted Action: Amended Amended Amended Amended Section Number: 2712.205 2712.203
- <u>Statutory Authority</u>: Ill. Rev. Stat. 1991, ch. 48, pars. 472, 610, 611 and 640 [820 ILCS 405/802, 405/1700, 405/1701 472, 610, 611 and 405/1900]
- March 2, Effective Date of the Amendment: 2
- No. Does this rulemaking contain an automatic repeal date?
- No. Does this Rule contain an incorporation by reference?
- February 26, 1993. Date filed in Agency's Principal Office: 8
- Notice of Proposal published in Illinois Register: November 30, 1992 at 16 Ill. Reg. 17853.
- Has JCAR issued a Statement of Objection to these Rules? 10)
- Compiled Statute references were added. In the definition of "small employer" in Section 2712.201, "less" is changed to "fewer" and, in the definition of "valid claim", a comma is added after "i.e.". As requested by the Secretary of State, the changed definitions are placed in alphabetical order. Illinois Difference between proposal and final version: 11)
- Have all the changes agreed upon by the Agency and JCAR been issued by JCAR? made as indicated in the agreement letter

this replace an emergency rule currently in effect?

Will

13)

- Are there any amendments pending on this Part? 14,
- Section 802 of the Unemployment Insurance Act by amending the definition of a "small employer" so as to make more employers eligible for services under this program and by changing the Summary and purpose of the rules: These adopted amendments to Part 2712 change the legal services program mandated by

term "colorable" to "valid" so that it is more easily understood by the public and by then clarifying the description of a valid claim.

Information and Questions regarding these Adopted Amendments may be addressed to: 16)

Gregory J. Ramel, Acting Commissioner Illinois Department of Employment Security 401 South State Street - 2 South Chicago, Illinois 60605 312/793-4240 The full Text of the Adopted Amendments begin on the next page:

TLLINGIS REGISTER

3675

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

56: LABOR AND EMPLOYMENT DEPARTMENT OF EMPLOYMENT SECURITY GENERAL PROVISTONS SUBCHAPTER a: TITLE 56: CHAPTER IV:

GENERAL APPLICATION PART 2712

DIGESTS AND REPORTERS SUBPART B:

Digest Of Adjudication Precedents IDES Board Of Review Reporter Section 2712.100 2712.105 LEGAL SERVICES PROGRAM SUBPART C:

Definitions

Agreement To Hold the Department Of Employment Security And Its Employees Harmless 2712.201

Eligibility Requirements For Legal Services Individuals 2712.203

Eligibility Requirements For Legal Services For Small Employers 2712.205

Attorney Eligibility For Reimbursement Maximum Fees Allowed 2712.207 AUTHORITY: Implementing and authorized by Sections 802, 1700, 1701 and 1900 of The Unemployment Insurance Act (Ill. Rev. Stat. 1991, ch. 48, pars. 472, 610, 611 and 640) [820 ILCS 405/802, 405/1700, 405/1701 and 405/1900]

SOURCE: Adopted at 10 Ill. Reg. 16679, effective September 23, 1986; amended at 13 Ill. Reg. 795, effective January 4, 1989; amended at 17 Ill. Reg. 3194 . effective March 2, 1993 effective March 2, 1993 amended at 17 Ill. Reg.

LEGAL SERVICES PROGRAM SUBPART C:

Section 2712.201 Definitions

All other terms used in this Part shall have the meaning set forth in the Unemployment Insurance Act (III. Rev. Stat. 1987<u>91</u>, ch. 48, pars. 300 et; seq.) [820 ILCS 405/100 et seq.], hereinafter referred to as the Act.

belief-formed-after-reasonable-inquiry,-within-the necessary-time-constraints,-is-well-grounded-in-fact-and of-the-provider-or-attorney's-knowledge;-information-and "Colorable-claim-or-defense"-is-one-which;-to-the-best is-warranted-by-existing-law,-and-that-is-net-

interposed-for-any-improper-purpose-(i.-e.-for-the purpose-of-harassment-or-delay); "Small employer" is any employing unit, as defined in Section 204 of the Act (Ill. Rev. Stat. 198791, ch. 48, par. 314) [820 ILCS 405/204] which reported wages calendar quarters preceding the quarter in which its 48, par. 314) [820 ILCS 405/204] which reported wage paid to fewer than twenty individuals, whether part time or full time, for whose-gross-wages-paid-were less-than-\$50,000-each forof any two of the four application for legal assistance is made.

"Tax case" will mean an appeal brought pursuant to Ill. Adm. Code 2725.

harassment or delay) and, if proven by a preponderance the provider or attorney's knowledge, information and hearing on that issue, would require the proponent of 'Valid claim or defense" is one which, to the best of necessary time constraints, is well grounded in fact is not interposed formed after reasonable inquiry, within the for any improper purpose (i. e., for the purpose the legally competent evidence of record at a and is warranted by existing law, claim or defense to prevail

3194 , effective March 2, 1993 Amended at 17 Ill. Reg. (Source:

Section 2712.203 Eligibility Requirements For Legal Services For Individuals

(B)

of unemployment insurance benefits by either a claims the referee, Director's representatives, the Director or the Board of Review if they can present a If funding is available for the service, individuals who are held to be ineligible with respect to a week services under this Part to pursue their appeals to adjudicator or a referee can qualify for legal colorable valid claim or defense.

quit his job without good cause attributable to his employer. The individual admits that he quit to relocate in California where he can pursue his Example: An individual quits his job in Chicago dream of becoming an internationally renowned surfer. The claims adjudicator holds that he his job solely to pursue his surfing goal but

LLINOIS REGISTER

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

would not qualify for legal services under this Part because he has presented no legal justification under This individual determination because he needs his unemployment wishes to appeal the claims adjudicator's benefits to finance his ambitions. existing precedent for his appeal.

- provider's internal review process, he can hire a private attorney who may then be eligible for reimbursement pursuant to Section 2712.207(b). the internal review process established by the legal service provider. If the internal review process of the legal service provider still results in a decision that the individual does not have a "celerable<u>valid</u>" claim or with the judgment of the attorney assigned to the matter by the legal service provider, the individual may pursue judged<u>determined</u> by the attorney assigned to the case by the legal service provider. If the individual disagrees if the individual decides to forego the legal service Whether a claim or defense is colorable valid will be
- individual failed to apply for such services prior to such three day period would not constitute good cause for a application for services prior to three working days bemade at least three working days prior to the date of a scheduled hearing before the referee. Failure to make receiving such services if the attorney assigned by the Application for legal services under this Part must be fore the hearing shall disqualify the individual from egal service provider finds that the reason that the continuance under 56 Ill. Adm. Code 2720.240.
- eligibility for this program, the attorney will agree Example 1: On the date of his hearing the individual appears at the office of the legal services provider hearing later in the day. If the attorney assigned to his case finds that the mass that this individual failed to seek legal assistance prior to continuance under 56 Ill. Adm. Code 2720.240, then, and requests an attorney to represent him at his if the claimant meets the other criteria for this time would constitute good cause for a to represent this individual.
- referee the individual appears at the office of the legal services provider and requests an attorney to appear on her behalf at the scheduled hearing that Example 2: On the date of her hearing before the

いいいのの

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

day. If the individual's reason for failing to seek legal assistance prior to this time would not constitute good cause for a continuance under 56 Ill. Adm. Code 2720.240 in the judgment of the assigned attorney, then the attorney will deny the individual the requested representation at the referee hearing. However, if the individual is otherwise eligible for the program, the fact that she was denied assistance under this subsection at the hearing before the referee would not preclude the individual from seeking assistance in preparing her appeal to the Board of Review if the referee rules against her after her hearing.

been if individuals do not qualify for legal services under this Section because they do not have a colorablevalid claim or defense, they shall be entitled to a maximum of one hour of legal advice regarding their unemployment insurance claim from the attorney assigned to the matter by the legal services provider.

Source: Amended at 17 Ill. Reg. 3194__, effective March 2, 1993_

Section 2712.205 Eligibility Requirements For Legal Services For Small Employers

- a) Except for any unpaid contributions, penalties or interest which are the subject of the appeal for which the legal services are requested, a small employer requesting services under this program must not be delinquent in the payment of any monies due the Director under this Act.
- The small employer must present a colorable valid claim or defense to the action for which the legal services are sought. Whether a claim or defense is colorablevalid will be judgeddetermined by the attorney assigned to the case by the legal service provider. If the small employer disagrees with the judgment of the attorney assigned to the matter by the legal service provider, it may pursue the internal review process established by the legal service provider still results in a decision that the small employer does not have a "colorablevalid" claim or if the small employer decides to forego the legal service provider's internal review process, it can hire

ILLINOIS REGISTER

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

a private attorney who may then be eligible for reimbursement pursuant to Section 2712.207(b).

- Application for legal services under this Part must be made at least three working days prior to the date of a scheduled hearing pursuant to 56 III. Adm. Code 2725 or before the referee under 56 III. Adm. Code 2720. Failure to make application for services prior to three working days before the hearing shall disqualify the small employer from receiving such services if the attorney assigned by the legal service provider finds that the reason that the small employer failed to apply for such services prior to such 3 ady period would not constitute good cause for a continuance under 56 III. Adm. Code 2720.240. See examples following Section 2712.203(c).
- d) To be eligible for legal services at a hearing, the small employer must be a "party", as defined in 56 Ill. Adm. Code 2720.1 or must be the appellant to an adverse decision, determination, order or ruling under 56 Ill. Adm. Code 2725 or the issue for which the legal services are being sought must be whether the small employer is a "party" as defined in 56 Ill. Adm. Code 2720.1.
- Even if the small employer does not qualify for legal services under this Section because it does not have a colorablevalid claim or defense, it shall be entitled to a maximum of one hour of legal advice regarding its unemployment insurance claim from the attorney assigned to the matter by the legal services provider.

(Source: Amended at 17 Ill. Reg. 3194 , effective March 2, 1993

Section 2712.207 Attorney Eligibility For Reimbursement

g

The Director of the Department of Employment Security will contract separately for individuals and small employers with one or more legal service providers who will then be responsible to either hire staff attorneys or for assembling a referral panel of attorneys for providing the legal services pursuant to Section 802 of the Act (Ill. Rev. Stat. 198791, ch. 48, par. 472) [820 ILCS Director statl make no payments for legal services under this Part to anyone other than the legal service under providers.

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

- colorablevalid claim or defense and that individual or small employer then hires a private attorney who succeeds or small employer shall be entitled to reimbursement for the services of the private attorney in an amount not to exceed the maximum fee set forth in Section 2712.210. colorablevalid claim or defense reversed, the individual in having the determination, decision, ruling or order If any individual or small employer is denied legal services by a legal service provider because that individual or small employer has failed to present a which the legal services provider found not to be a Q
- provider or a private attorney must be licensed by the State of Illinois and must carry or must be insured for at All attorneys participating in this program, whether as staff attorneys or referral panelists for a legal services least \$100,000 in malpractice insurance. Û
- to maintain a toll-free number so that claimants and small employers can consult a plan attorney to determine their possible eligibility for the program. Any legal service provider under this Section must agree ô

, effective March 2, 1993) 3194 Amended at 17 Ill. Reg. (Source:

ILLINOIS REGISTER

3202 93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Aid to The Aged, Blind or Disabled
- 2) Code Citation: 89 Ill. Adm. Code 113
- Adopted Action: 3) Section Numbers:

New Section Amendment 113,330 113.410

- Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq. and 12-13) 4)
- 5) Effective Date of Amendments: February 26, 1993
- o N 6) Does this rulemaking contain an automatic repeal date?
- 7) Do these Amendments contain incorporations by reference?
- 8) Date Filed in Agency's Principal Office: February 26, 1993
- 9) Notice of Proposal Published in Illinois Register:

September 25, 1992 (16 Ill: Reg. 14533)

- No 10) Has JCAR issued a Statement of Objections to these Adopted Amendments?
- received from the Joint Committee on Administrative Rules, the comma after 11) Differences between proposal and final version: Based on comments the word "attorney" was deleted in Section 113.330(a). No other substantive changes were made to the text of the amendments.
- 12) Have all the changes soreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will these Amendments replace Emergency Amendments currently in effect?
- 14) Are there any Amendments pending on this Part? Yes

Amendment	January 22, 1993 (17 Ill. Reg
Amendment	January 22, 1993 (17 Ill. Reg. 702)
Amendment	November 20, 1992 (16 Ill. Red
Amendment	November 6, 1992 (16 Ill. Reg. 17047)
Amendment	November 6, 1992 (16 Ill. Reg. 17047)
Amendment	November 20, 1992 (16 Ill. Reg. 17457)

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

15) Summary and Purpose of Amendments:

89 Ill. Adm. Code 113,330

2234), payments to attorneys who seek veterans' benefits for eligible AABD favor of the recipient. Under a state law passed in the 1991 session (HB payment of attorney's fees for representation of an AABD recipient in an avoidance. Because veterans' benefits of \$616 per month are treated as appeal of any claim for federal veterans' benefits which is decided in clients should eventually be offset with a positive gain in grant cost In accordance with Public Act 87-686, this rulemaking allows for the countable income, many cases should be cancelled. Eligibility by the Veterans' Administration requires total disability from probably very low at this time. Calculation of savings, however, is based upon the remaining time on assistance since, unlike SSI, interim payments any cause by the veteran who was in military service during a designated Veterans' Administration. Consequently, there has been no mechanism to from the recipient's date of application are not recoverable from the wartime period. Accordingly, the remaining eligible population is compensate attorneys in successful cases.

89 Ill. Adm. Code 113,410

In accordance with Public Act 87-893, this rulemaking permits referrals to than not to be found eligible for Supplemental Security Income (SSI). In for Interim Assistance applicants when determining the client more likely and payment for medical providers for relevant examinations and reports addition, these proposed amendments provide for payment of the costs of transportation to the medical provider if necessary and on request.

Hospital in Chicago to furnish these services to a portion of Cook County applicants only. The proposed rule change would expand these services applicants. However, the Department has recently contracted with Bethany Until recently, current policy did not permit reimbursement to providers nor transportation for medical examinations for Interim Assistance statewide.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

16) Information and questions regarding these Adopted Amendments shall be

directed to

Judy Umunna Name:

Bureau of Rules and Regulations Address:

100 South Grand Avenue East, Third Floor Illinois Department of Public Aid

Springfield, Illinois 62762

(217) 524-3215 Telephone: The full text of the Adopted Amendments begins on the next page:

NOTICE OF ADOPTED AMENDMENTS

CHAPTER I: DEPARTMENT OF PUBLIC AID SUBCHAPTER b: ASSISTANCE PROGRAMS TITLE 89: SOCIAL SERVICES

AID TO THE AGED, BLIND OR DISABLED PART 113

SUBPART A: GENERAL PROVISIONS

Description of the Assistance Program Incorporation By Reference Section 113.1 SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Social Security Number Institutional Status Client Cooperation Living Arrangement Citizenship Residence Disabled Blind Age Section 113.20 113.50 113.70 113.10 113.30 113.40 113.60 113.9

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section

Budgeting Unearned Income of Applicants Receiving Income On Date of Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision Lump Sum Payments and Income Tax Refunds Application And/Or Date of Decision Initial Receipt of Unearned Income Budgeting Earned Income (Repealed) Termination of Unearned Income Protected Income (Repealed) Budgeting Unearned Income Earned Income (Repealed) Unearned Income In-Kind Exempt Unearned Income Earmarked Income Protected Income Unearned Income Earned Income 113.101 113.105 113.110 113.100 113.102 113,103 113.106 113,108 113.109 113.112 113.104 113.107 113.111 113.113 113.114

Budgeting Earned Income For Contractual Employees

Initial Employment

113.115 113.116 · Thirty O'Strains

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

113.117 113.118 113.120 113.130 113.131 113.132 113.133 113.134	113.140 113.141 113.142 113.143 113.154 113.155 113.156 113.156	Section 113.245 113.246 113.247 113.248 113.248	113.252 113.253 113.254 113.256 113.257 113.257 113.257 113.257

NOTICE OF ADOPTED AMENDMENTS

SUBPART E: OTHER PROVISIONS

Section

113.300	Persons Who May Be Included In the Assistance Unit
113.301	Grandfathered Cases
113.302	Interim Assistance (Repealed)
113.303	Special Needs Authorizations
113.304	Retrospective Budgeting
113,305	Budgeting Schedule
113.306	Purchase and Repair of Household Furniture (Repealed)
113.307	Property Repairs and Maintenance
113,308	Excess Shelter Allowance
113.309	Limitation on Amount of AABD Assistance to Recipients from Other
EMERGENCY	States
113.320	Redetermination of Eligibility
113,330	Attorney's Fees for VA Appellants

SUBPART F: INTERIM ASSISTANCE

Section

							9			
					ses		Outsid			
gram					ance Ca		Cases			
ce Pro		SI	X		Assist		stance			
istan	,	for S	bilit	tγ	erim		Assi			ants
im Ass		gible	Eligi	gibili	igo Int		nterim			Applic
Inter	tion	t Eli	rs of	£ Eli	Chica		all I			ISS
the	plica	an No	Facto	ors	for		for		ility	s for
ion of	SSI AF	ely Th	ncial	1 Fact	Levels		Levels		Eligit	's Fee
Description of the Interim Assistance Program	Pending SSI Application	More Likely Than Not Eligible for SSI	Non-Financial Factors of Eligibility	Financial Factors of Eligibility	Payment Levels for Chicago Interim Assistance Cases		Payment Levels for all Interim Assistance Cases Outside		Medical Eligibility	Attorney's Fees for SSI Applicants
113.400	113,405	113.410	113.415	113.420	113.425	EMERGENCY	113.430	EMERGENCY	113.435	113.440
11	H	Π	11	11	Ξ	ü	Ξ	E.	13	11

Limitation on Amount of Interim Assistance to Recipients from Other Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq. and AUTHORITY: Implementing Article III and authorized by Section 12-13 of the Advocacy Program for Persons Receiving Interim Assistance Attorney's Fees for SSI Appellants (Renumbered) EMERGENCY 113.450

113.445

12-13)

effective August 30, 1978, for a maximum of 150 days; peremptory amendment at emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. 33, p. 399, effective August 18, 1979; 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 Reg. 17, p. 117, effective February 1, 1978; amended at 2 111. Reg. 31, p. SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days;

ILLINOIS REGISTER

3208 93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

p. 551, effective March 10, 1980; amended at 4 111. Reg. 27, p. 387, effective 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. peremptory amendment at 5 111. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 amendment at 4 111. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9367, effective August 1, 1983; amended at 7 Ill. Reg. 17351, effective December 21, 1983; amended at 8 Ill. Reg. 537, effective December 30, 1983; amended at 8 Ill. Reg. 5225, effective April 9, 1984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. effective October 1, 1981; amended at 5 111. Reg. 10760, effective October 1, September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 1981; peremptory amendment at 5 111. Reg. 10062, effective October 1, 1981; September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, codified at 7 Ill. Reg. 907, effective January 10, 1983; amended (by adding Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981;

3210

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

16, 1984; amended (by sections being codified with no substantive change) at 8 July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 16291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective effective September 1, 1989, for a maximum of 150 days; emergency amendment at 1, 1991; emergency amendment at 15 Ill. Reg. 1111, effective January 10, 1991, 1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. amended at 11 Ill. Reg. 20880, effective December 14, 1987; amended at 12 Ill. April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 11414, effective June 27, 1984; amended at 8 Ill. Reg. 13273, effective July Reg. 17895; amended at 8 Ill. Reg. 18896, effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg. June 3, 1986; amended at 10~1111. Reg. 11920, effective July~3, 1986; amended Reg. 867, effective January 1, 1988; amended at 12 Ill. Reg. 2137, effective 1991; amended at 15 Ill. Reg. 14073, effective September 11, 1991; emergency 8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25, 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective effective September 30, 1990; amended at 15 Ill. Reg. 277, effective January effective July 22, 1991; amended at 15 Ill. Reg. 11948, effective August 12, amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective January 11, 1988; amended at 12 111. Reg. 3497, effective January 22, 1988; at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 6996, 1991; amended at 15 Ill. Reg. 5698, effective April 10, 1991; amended at 15 Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October amended at 14 Ill. Reg. 13187, effective August 6, 1990; amended at 14 Ill. January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 12 Ill. Reg. 5642, effective March 15, 1988; amended at 12 Ill. 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; for a maximum of 150 days; amended at 15 Ill. Reg. 5291, effective April January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, Ill. Reg. 7104, effective April 30, 1991; amended at 15 Ill. Reg. 11142, 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective Reg. 14806, effective September 3, 1990; amended at 14 Ill. Reg. 16957, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467,

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

at 16 Ill. Reg. 17154, effective November 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17764, effective November 13, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 827, effective January 15, 1993; amended at 17 Ill. Reg. 2263, effective February 15, 1993; amended at 17 Ill. 9986, effective June 15, 1992; amended at 16 Ill. Reg. 11565, effective July 150 days; amended at 15 Ill. Reg. 16709, effective November 1, 1991; amended effective September 15, 1992, for a maximum of 150 days; emergency amendment 15, 1992; emergency amendment at 16 Ill. Reg. 13641, effective September 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14722, at 16 Ill. Reg. 3468, effective February 20, 1992; amended at 16 Ill. Reg. Reg. 3202, effective February 26, 1993.

CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART E: OTHER PROVISIONS

Section 113.330 Attorney's Fees for VA Appellants

- Administration Regional Office or upon an initial appeal to the Board supervision of an attorney who represents a recipient of Assistance to the Aged, Blind or Disabled (AABD) in an appeal of any claim for Supplemental Security Income grant payable to the individual for a The Department will pay any attorney or advocate working under the federal Veterans' benefits before a hearing officer at a Veterans of Veterans' Appeals, which is decided in favor of the recipient. The amount of the payment will be 25% of the maximum federal period of one (1) year, (D)
- for payment must be postmarked no more than sixty (60) days from the date of the notice of the favorable decision by the Hearing Officer, To secure payment the attorney/advocate must submit his/her request The following information must be included with the request: for payment to the Illinois Department of Public Aid. Q
- proof that the attorney/advocate represented the client;
- a copy of the favorable decision;
- the attorney's/advocate's bill;
- the AABD recipient's name, address and Public Aid case number; 4)
- the attorney's advocate's Federal Employee Identification number or Social Security number, (5

NOTICE OF ADOPTED AMENDMENTS

Section 113.330 (continued)

- The Department will make payment within thirty (30) days of receipt of the information listed above. 0
- The attorney/advocate must agree to waive the right to charge or collect fees and expenses from the AABD recipient. q

(Source: Rule added at 17 Ill. Reg. 3202, effective February 26, 1993)

SUBPART F: INTERIM ASSISTANCE

More Likely Than Not Eligible for SSI Section 113,410

- As a condition of eligibility, an applicant for Interim Assistance must be determined to be more likely than not to be found eligible for Supplemental Security Income (SSI). a)
- The determination will be made by medically qualified personnel who possess at a minimum a current Illinois license to practice as a Registered Nurse. p)
- information as required by the Department. The determination will be Referral and payment to medical providers will be made for relevant examinations and reports to make this determination, when necessary and requested by the client. Medical transportation will also be made by a review of this relevant medical and social information. The applicant must provide all relevant medical and social provided if necessary and requested by the client. ()
- mental problem. The single standard has been developed based on the The Department has combined the determination of "more likely than not eligible for SSI" and the determination of whether a client is standard of "chronically needy" found in Section 6-11(c)(2) of the "not employable" on the basis of a serious medical, physical or Public Aid Code (Ill.Rev.Stat. 1989, ch. 23, par. 6-11(c)(2)). q)
- approximate the regular SSI determination done by the Department of Rehabilitation, Bureau of Disability Determination Services. The determination is a rapid preliminary screening of the client's condition and is not meant to duplicate or even 1
- The determination will be made by a review of medical and social information provided by the applicant. Reviews will be conducted based on the information available giving the benefit of any doubt due to lack of information to the client. 5)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 113.410(d) (continued)

- automatically eligible for SSI will be used as a reference point in making the determination. All individuals who appear to meet individual's impairment, level of functioning, age, education, work experience, and language capacity. Criteria used by the The determination will be made taking into consideration the Bureau of Disability Determination Services to find a person eligible for SSI. The following additional and/or specific factors will also be given consideration in making the that criteria will be automatically found to be probably determinations: 3
- Significant evidence of mental illness or chronic substance A)
- Beginning at age fifty, increasingly greater importance will be given to moderate illnesses as the individual becomes older. B)
- Lack of relevant work skills and/or recent work history. Ω
- Inability or difficulty in reading or writing English. (Q
- The possibility of development of further medical evidence (through SSI advocacy or other means) that will substantiate disabling conditions. (E
- determination was not appealed) cannot be determined more likely than Administrative Law Judge level or above, or at a lower level if that substantial change in other factors, such as age or work experience, An individual who has been denied SSI within the previous 12 months that make it more likely the individual would now be found eligible not eligible for SSI unless the client shows there has been a due to a finding of not blind or not disabled (either at the substantial change in medical condition or there has been a (e

(Source: Amended at 17 Ill. Reg. 3202, effective February 26, 1993)

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Assistance Standards
- 89 Ill. Adm. Code 111 2) Code Citation:
- Adopted Action: 3) Section Number:

Amendment

- 4) <u>Statutory Authority</u>: Sections 12-4.11 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 6-1 et seq., 12-4.11 and 12-13)
- 5) Effective Date of Amendments: March 1, 1993
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these Amendments contain incorporations by reference?
- 8) Date Filed in Agency's Principal Office: March 1, 1993
- 9) Notice of Proposal Published in Illinois Register:

October 30, 1992 (16 Ill. Reg. 16491)

- 10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No
- 11) Differences between proposal and final version: No substantive changes were made to the text of the amendments.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will these Amendments replace Emergency Amendments currently in effect? No
- 14) Are there any Amendments pending on this Part? No
- Assistance Standards be updated every January based on the increase in the Consumer Price Index (CPI) for the previous fiscal year. The CPI increase for the period June 1991 through June 1992 was 2.8%. The amount of the increase to be effective January 1, 1993, based on this methodology, is established in Section 111.20. The Public Aid Code requires that the Department's Assistance Standards in accordance with the methodology 15) Summary and Purpose of Amendments: This rulemaking increases the

War advent

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

16) Information and questions regarding these Adopted Amendments shall be directed to:

Judy Umunna

100 South Grand Avenue East, Third Floor Illinois Department of Public Aid Bureau of Rules and Requlations Address:

62762 Springfield, Illinois

(217) 524-3215 Telephone: The full text of the Adopted Amendments begins on the next page:

NOTICE OF ADOPTED AMENDMENTS

CHAPTER I: DEPARTMENT OF PUBLIC AID SUBCHAPTER b: ASSISTANCE PROGRAMS TITLE 89: SOCIAL SERVICES

ASSISTANCE STANDARDS PART 111

Section

1 1 1 1 1 1 1	1
111.1	Incorporation By Reference
111.10	Establishment of Assistance Standards
111.20	Computation of the Assistance Standards
111.30	Amount of Assistance Standards (Family of 1)
111.40	Amount of Assistance Standards (Family of 2)
111,50	Amount of Assistance Standards (Family of 3)
111.60	Amount of Assistance Standards (Family of 4)
111.70	Amount of Assistance Standards (Family of 5)
111,80	Amount of Assistance Standards (Family of 6)
111.90	Amount of Assistance Standards (Family of 7 thru 18)
111,100	Amount of Assistance Standards (Child-Only Cases) (Repealed)
111.101	Current Assistance Standards
111.110	Adjustments Following Court Orders

12-4.11 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. AUTHORITY: Implementing Articles III, IV and VI and authorized by Sections 23, pars. 3-1 et seq., 4-1 et seq., 6-1 et seq., 12-4.11 and 12-13).

effective January 1, 1985; amended at 10 Ill. Reg. 1920, effective January 17, 1986; amended at 11 Ill. Reg. 2297, effective January 16, 1987; amended at 12 1989; amended at 15 Ill. Reg. 1029, effective January 23, 1991; amended at 16 adopted and codified at 7 Ill. Reg. 907, effective January 10, 1983; amended at 8 Ill. Reg. 223, effective December 27, 1983; amended at 9 Ill. Reg. 295, effective January 1, 1989; amended at 13 Ill. Reg. 3840, effective March 10, SOURCE: Filed and effective December 30, 1977; rules repealed, new rules Ill. Reg. 11577, effective July 15, 1992; amended at 17 Ill. Reg. 3213. Ill. Reg. 871, effective January 1, 1988; amended at 13 Ill. Reg. 85, effective March 1, 1993.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

Current Assistance Standards Section 111,101

H	
Group	
н	
Group	

Family Size

Adults and Children

Group III

409
\$308
99 482
\$469
501
\$487
Refugee/
and
1(AFDC

ILLINOIS REGISTER

3216

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 111.101 (continued)

atriate	- 1	000	- 4	010	25.4	26.4	
All Other Programs)	6+9	390	Φ	3/8	à	304	
	919	633	969	612	563	584	
	844	867	£18	839	180	801	
	952	978	126	952	808	920	
	9111	1147	1083	1113	1043	1071	
	1353	1288	1317	1251	1116	1207	
	1319	1355	1381	1316	1338	1272	
	1389	1427	1363	1390	1303	1338	
	₹ 9	1501	1434	1463	1374	1412	
0	1639	1582	165T	1538	1445	1485	
H	1631	1666	1676	1619	1533	1565	
2	170E	1752	1689	1705	1601	1645	
3	9621	1846	1747	1795	1686	1733	
4	1881	1943	1838	1889	1773	1822	
	1661	2046	1935	1989	1868	1920	
9	3006	2154	3039	2096	£961	2022	
7	2307	2268	3147	2207	1102	2128	
	3333	2388	3260	2323	2181	2242	
	Ü	Child-Only	×				
	334	241	333	229	316	222	
	462	475	446	458	433	444	
	273	589	556	572	645	260	
	233	754	118	735	969	714	
	£18	895	849	872	836	849	
	986	962	616	938	688	914	
	100T	1035	983	1009	952	978	
	610T	1109	368	1084	1034	1052	
	1167	1189	1139	1160	160T	1127	
10	80	1272		1240	11	1205	
	1323	1361		1327	1363	1287	
	1413	1452	1378	1416	1336	1373	

For family sizes greater than 18 or 12, the amount of the Assistance Standard person above 18 or 12. All rounding in determining Assistance Standards is will be determined by adding \$101-\$103 or \$78- \$80 respectively for each done by rounding down to the next whole dollar amount.

(Source: Amended at 17 Ill. Reg. 3213_, effective March 1, 1993)

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Diagnosis Related Grouping (DRG) Prospective Payment System (PPS)
- 2) Code Citation: 89 III. Adm. Code 149
- Adopted Action: 3) Section Numbers:

New Section	Amendment	Amendment	Amendment	Amendment	Amendment	Amendment	New Section	Amondaont
149.10	149.25	145.50	149.75	149.100	149.105	149.125	149.140	0 1 0 1

- Statutory Authority: Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (III. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13) [305 ILCS 5/3-1 et seq., 5/4-1 et seq., 5/5-1 et seq., 5/6-1 et seq., 5/7-1 et seq. and 5/12-13] and Public Act 87-861, effective July 8, 1992 (†
- 5) Effective Date of Amendments: March 1, 1993
- 6) Does this rulemaking contain an automatic repeal date? No
- No 7) Do these Amendments contain incorporations by reference?
- March 1, 1993 8) Date Filed in Agency's Principal Office:
- 9) Notice of Proposal Published in Illinois Register:

September 25, 1992 (16 Ill. Reg. 14535)

- 10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No
- The following changes 11) Differences between proposal and final version: have been made in the proposed amendments:

Section 149,25

Subsection (a)(5)(C) has been revised to read:

The cost of serving a disproportionately high share of low income patients (as defined and determined in Section 149.125). 0

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Subsection (a)(5)(D) has been revised to read:

Uncompensated care costs (as defined and determined in Section 149.125). (A

Subsection (b)(4)(B) has been revised to read:

or DRG 456 (burns, transferred to another acute care facility), (neonates, died or transferred to another acute care facility) and the hospital is reimbursed under the DRG PPS, the transferring hospital is paid in accordance with subsection Except, if a discharge is classified into DRGs 385 or 985 (a)(2). B)

Section 149.75

Subsection (b) has been revised by deleting the previous language in its entirety, and new language has been added as follows:

Hospitals and distinct part units utilization review standards and procedures and review committee hospital care in a psychiatric hospital, as defined in Section 149.50(c)(1) shall be in accordance with federal regulations at Hospitals and distinct must meet the utilization review plan requirements in 42 CFR, that participate in Medicare (Title XVIII) must use the same part units that do not participate in Medicare (Title XVIII) Ch. IV, Part 456, Subparts C, D, or E (October 1, 1991). Utilization control requirements for inpatient psychiatric 42 CFR, Ch. IV, Part 456, Subpart G (October 1, 1991). For Medicaid as they use for Medicare. Hospital Utilization Control. (q

Section 149,100

In subsection (a)(2)(A), "September 1, 1991" has been replaced with "September 1, 1992". In subsection (a)(2)(E)(ii), "September 1, 1991" has been replaced with 'September 1, 1992". in subsection (c)(1), "July 1, 1992" has been replaced with "September 1,

Subsection (c)(4) has been revised to read:

in accordance with Section 149.105; a per case add-on for health care education payments, in accordance with Section 149.140; per (c)(3), hospitals shall receive applicable outlier adjustments, In addition to the DRG PPS base rate defined in subsection (7

The way of the state of

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC AID

ILLINOIS REGISTER

NOTICE OF ADOPTED AMENDMENTS

costs, direct medical education costs, and CRNA costs in accordance with Section 149.150(c); applicable adjustments for applicable adjustments for uncompensated care, in accordance disproportionate share, in accordance with Section 148.120; acquisition costs in accordance with Section 149.150(c)(5). case add-ons for indirect medical education costs, capital admissions, in accordance with Section 148.190; and, on a retrospective basis, any applicable adjustment for kidney with Section 148.150; applicable adjustments for trauma

Section 149,125

Subsection (a)(2) has been revised to read:

payments are set forth in 89 Ill. Adm. Code 148.120 and include The criteria and methodologies for such additional The Department shall make additional payments to hospitals that serve a disproportionate share of low income applicable additional payments for targeted access care and Hospitals that Serve a Disproportionate Share of Low Income critical access care. Patients. (2)

Subsection (a)(3) has been revised to read:

additional payment to hospitals that provide equal access to low additional payment are set forth in 89 Ill. Adm. Code 148.150. Uncompensated Care Adjustments. The Department shall make an income persons. The criteria and methodology for this 3

Section 149.150

In subsection (c)(2)(A), "The direct medical education cost per case ..." has been changed to "The direct medical education cost per diem ...".

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR?
- 13) Will these Amendments replace Emergency Amendments currently in effect?
- 14) Are there any Amendments pending on this Part? No
- changes in the Department's rules governing the Diagnosis Related Grouping (DRG) Prospective Payment System (PPS) (89 III. Adm. Code 149). These rules specify a methodology for the payment of hospitals, which is an alternative to the methodology included in the Department's hospital Summary and Purpose of Amendments: This rulemaking provides for extensive 15)

(Public Act 87-861). Since changes are being made to most aspects of hospital reimbursement under these amendments, all of the changes cannot be summarized here in detail and interested persons were notified of the procedures, effective October 1, 1992, under the Medicaid Revenue Act The changes are required to update the rules for implementation of the revised reimbursement services rules (89 Ill. Adm. Code 148). need to review the amendments closely.

procedures and definitions. More substantive changes include updating the academic hospitals and updating the base prices and grouper methodology guidelines, implementing a teaching reimbursement adjustment for major DRG PPS hospital outlier methodology to conform with current Medicare Many of the changes are clarifications of previously incorporated reflect current Medicare practices.

hospital services rules (89 III. Adm. Code 148). In addition, changes are being adopted in the Department's medical payment rules (89 Ill. Adm. Code through September 30, 1992, when these revised reimbursement procedures effective July 10, 1992, to maintain the current hospital payment rates Earlier amendments to these rules were adopted on an emergency basis take effect. Related changes are being adopted in the Department's 140) to directly implement the assessment fees.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Bureau of Rules and Regulations Joanne Jones Address: Name:

Illinois Department of Public Aid

100 South Grand Avenue East, Third Floor

Springfield, Illinois

(217) 524-3215 Telephone: The full text of the Adopted Amendments begins on the next page:

NOTICE OF ADOPTED AMENDMENTS

CHAPTER I: DEPARTMENT OF PUBLIC AID SUBCHAPTER d: MEDICAL PROGRAMS TITLE 89: SOCIAL SERVICES

PROSPECTIVE PAYMENT SYSTEM (PPS) DIAGNOSIS RELATED GROUPING (DRG) PART 149

Section

Hospital Services Subject to and Excluded from the DRG Prospective Diagnosis Related Grouping (DRG) Prospective Payment System (PPS) Inpatient Hospital Care or Services by Non-Contracting Hospitals Payment to Hospitals for Inpatient Services or Care not Provided Basic Methodology for Determining DRG Prospective Payment Rates Conditions for Payment Under the DRG Prospective Payment System Payments to Hospitals Under the DRG Prospective Payment System Methodology for Determining Primary Care Access Health Care Hospital Services Procurement Advisory Board (Repealed) Payments to Contracting Hospitals (Repealed) Admitting and Clinical Privileges (Repealed) Termination of ICARE Contracts (Repealed) Special Treatment of Certain Facilities under the ICARE Program (Repealed) Applicability of Other Provisions Transfer of Recipients (Repealed) Validity of Contracts (Repealed) Eligible for Payment (Repealed) Contract Monitoring (Repealed) Payment For Outlier Cases Education Payments General Provisions 149.325 149.140 149.300 149.200 149.305 149.10 49,100 149.105 149.125 49.150 149.175 49.205 149.225 49.250 149.275 149.25 49.50 149.75 149.5

1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13) [305 ILCS 5/3-1 et seq., 5/4-1 et seq., 5/5-1 et seq., 5/6-1(III. Rev. Stat. 4989 1991, ch. 111 1/2, par. 6503-1 et seq.) [20 ILCS 2215/3-1 et seq.] and implementing and authorized by Articles III, IV, V, VI, VI and Section 12-13 of the Illinois Public Aid Code (III. Rev. Stat. 4989) AUTHORITY: Implementing Article II of the Illinois Health Finance Reform Act et seq., 5/7-1 et seq. and 5/12-13].

28, 1991; emergency amendment at 15 111. Reg. 16308, effective November 1, 1991, for a maximum of 150 days; amended at 16 111. Reg. 6195, effective March 27, 1992; emergency amendment at 16 111. Reg. 11937, effective July 10, 1992, effective September 15, 1989; amended at 15 III. Reg. 1826, effective January Reg. 7401; amended at 12 III. Reg. 12095, effective July 15, 1988; amended at 13 Ill. Reg. 554, effective January 1, 1989; amended at 13 Ill. Reg. 15070, SOURCE: Recodified from 89 III. Adm. Code 140.940 thru 140.972 at 12 III.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

effective October 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19868, effective December 7, 1992; amended at 17 III. Reg. 3217_, effective for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14733,

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

Applicability of Other Provisions Section 149.10

The following provisions shall apply to hospitals reimbursed under the DRG PPS:

- Participation, as described in 89 Ill. Adm. Code 148.20.
- General requirements, as described in 89 Ill, Adm. Code 148.30. a
- Special requirements, as described in 89 Ill. Adm. Code 148.40. 0
- Covered hospital services, as described in 89 Ill. Adm. Code 148.50. P

Services not covered as hospital services, as described in 89 111.

(e)

- Limitations on hospital services, as described in 89 Ill. Adm. Code Adm. Code 148.60. Ę,
- Hospital outpatient and hospital-based clinic services, as described in 89 Ill. Adm. Code 148.140. 8
- Payment for pre-operative days, patient specific orders, and services which can be performed in an outpatient setting, as described in 89 111. Adm. Code 148.180. F
- Copayments, as described in 89 Ill. Adm. Code 148,190. Ţ
- Filing cost reports, as described in 89 Ill, Adm. Code 148.210, i,
- Review procedure, as described in 89 Ill. Adm. Code 148,310,

(Source: Rule added at 17 Ill. Reg. 3217_, effective March 1, 1993)

General Provisions Section 149.25

- Basis of Payment a)
- Payment on a Per Discharge Basis 1

NOTICE OF ADOPTED AMENDMENTS

Section 149.25(a)(1) (continued)

- furnished to persons receiving coverage under the Medicaid Under the DRG PPS, hospitals are paid a predetermined amount per discharge for inpatient hospital services Program. (Y
- defined in subsection (b) below) is determined according to as appropriate. The rates paid shall be those in effect on the methodology described in Sections 149.100 and 149.150, accordance with Sections 149.105, and 149.125 and 149.140, The DRG prospective payment rate for each discharge (as as appropriate. An additional payment is made, in the date of admission. B)

Payment in Full 2)

- inpatient operating costs (as described in subsection (a)(3) below) incurred in furnishing services covered under hospital services is the total Medicaid payment for the The DRG prospective payment amount paid for inpatient the Medicaid Program. (A)
- Sections 149.100 and 149.150, as appropriate, is made for each stay during which there is at least one Medicaid Except as provided for in subsection (b) below, the full DRG prospective payment amount, as determined under eligible day of care. B)
- The DRG PPS provides a payment amount for inpatient operating costs, including: Inpatient Operating Costs. 3)
- Operating costs for routine services (as described in 42 CFR 413.53(b), revised as of September 1, 1990), such as the costs of room, board, and routine nursing services; (A
- Operating costs for ancillary services, such as radiology and laboratory services furnished to hospital inpatients: B)
- Special care unit operating costs (intensive care type unit services as described in 42 CFR 413.53(b), revised as of September 1, 1990); and G
- Malpractice insurance costs related to services furnished to inpatients. â
- Excluded Costs/Services. The following inpatient hospital costs are excluded from the DRG prospective payment amounts: 7

ILLINOIS REGISTER

3224

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.25(a)(4) (continued)

- Adm. Code 148.80. Kidney and cornea transplant costs shall Kidney acquisition costs shall be reimbursed in accordance be reimbursed under the appropriate methodology described Transplant costs including acquisition costs incurred by approved transplantation centers as described in 89 Ill. in Sections 149.100 and 149.150 or in 89 III. Adm. Code 148,160, 148,170 or 148,250 148,240 through 148,300, with Section 149.150(c)(5). (Y
- enrolled with the Department to provide those services Costs of psychiatric services incurred by a provider (category of service 21). Such services shall be reimbursed under 89 III. Adm. Code 148.270(b). B)
- Costs of nonemergency psychiatric services incurred by provider that is not enrolled with the Department to provide those services (category of service 21). services shall not be eligible for reimbursement. 0
- exceeding the maximum of 3 days shall not be eligible for maximum of three days emergency treatment incurred by a Costs of emergency psychiatric services exceeding the Such services provider that is not enrolled with the Department to provide those services (DRGs 424-432). reimbursement. (Q
- services (category of service 22). Such services shall be Costs of physical rehabilitation services incurred by a provider enrolled with the Department to provide those reimbursed under 89 Ill. Adm. Code 148.270(b). E)
- Costs of rehabilitation for drug and alcohol abuse (DRG 436 Such services shall be reimbursed under 89 Ill. Adm. Code and that part of DRG 437 apportioned to rehabilitation). 148.340 through 148.390. E
- Additional Payments to Hospitals. In addition to payments based on the DRG prospective payment rates, hospitals will receive payments for the following: 2)
- (outlier) case, as described in Section 89-111--Adm--Gode Atypically A-typically long or extraordinarily costly (Y

3226

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.25(a)(5) (continued)

- Certain costs excluded from the prospective payment rate under subsection (a)(4) above. B)
- The cost of serving a disproportionately high share of low income patients and-providing-uncompensated-eare-to-low income-persons (as defined and determined in Section 149.125). 0
- hospitale (as defined and determined in Section 149.125). Uncompensated care costs for-mondisproportionate-share (n
- Trauma center costs (as defined and determined in Section 149.125). (i)
- Health care education payments (as defined and determined in Section 149.140). E
- Certified registered nurse anesthetist (CRNA) costs in accordance with Section 149.150(c)(3). 3
- H)E) Kidney acquisition costs Aequieitien-Geets in accordance with Section 149.150(c)(5).
- Адмініветасіон-об-Біоод-сіоссінд-бассот-со-Кеморніійася-мю are-hospital-inpatients-in-accordance-with-Section 149-150(e)(e) +4

Discharges and Transfers P)

- Discharges. A hospital inpatient is considered discharged when any of the following occurs: 1
- when the patient is transferred to another hospital or a distinct part unit as described in Section 149.50(d) (see The patient is formally released from the hospital except subsection (b)(2) below). (A
- The patient dies in the hospital. B)
- Transfers. A hospital inpatient is considered transferred when the patient is placed in the care of another hospital or a distinct part unit as described in Section 149.50(d). 2)
- discharging an inpatient (subsection (b)(1)(A) above) is paid in full, in accordance with subsection (a)(2) above unless the Payment in Full to the Discharging Hospital. The hospital 3)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.25(b)(3) (continued)

event the discharging hospital or distinct part unit is excluded discharging hospital or distinct part unit is excluded from the DRG PPS as described in Section 149.50(b), (c) and (d). In the distinct part unit shall receive payment in full in accordance with 89 Ill. Adm. Code 148.160, 148.170 or 148.250 148.240 or exempted from the DRG PPS, that the -exeluded hospital or through 148.300.

- Payment to a Hospital Transferring an Inpatient to Another Hospital or Distinct Part Unit (7
- patient's stay in that hospital but the total reimbursement shall not exceed the amount that would have been paid under inpatient, under the circumstances described in subsection A hospital reimbursed under the DRG PPS that transfers an 149.100) by the geometric length of stay for the specific Section 149.100 if the patient had been discharged. The per diem rate is determined by dividing the appropriate prospective payment rate (as determined under Section (b)(2), is paid a per diem rate for each day of the DRG to which the case is classified. (A
- Except, if a discharge is classified into BRG DRGs 385 or facility) or DRG 456 (burns, transferred to another acute 985 (neonates, died or transferred to another acute care care facility), and the hospital is reimbursed under the DRG PPS, the transferring hospital is paid in accordance with subsection (a)(2). B)
- qualify for an additional payment for extraordinarily high A transferring hospital reimbursed under the DRG PPS may cost cases that meet the criteria for cost outliers as described in Section 149.105. 0
- transfers an inpatient under the circumstances described in A hospital or distinct part unit excluded from the DRG PPS, accordance with 89 Ill. Adm. Code 148,160, 148.170 or as described in Section 149.50(b), (c) or (d), that subsection (b)(2) of this Section, is reimbursed in 148.250 148-240 through 148.300. <u>_</u>
- reimbursement rate that was in effect July 1, 1991_{\star} for each covered day of care provided through the discharge of the patient. Admissions Prior to September 1, 1991. With respect to admissions prior to September 1, 1991, hospitals will receive their per diem ()

NOTICE OF ADOPTED AMENDMENTS

Section 149.25 (continued)

- DRG Classification System (p
- For rate periods beginning on or after October 1, 1992, the The Department will utilize the HCFA Medicare grouper, Version 9.0 codes, as defined by the Department, to place claims into DRG 8+0, modified to handle additional DRGs and revised ICD-9-CM payment classifications. 1
- (prematurity with major problems) and DRG 389 (full term neonate designated as Level III perinatal centers by the Illinois Department of Public Health, replace DRG 385 (neonates, died or The Department will define additional DRGs that, for hospitals immaturity or respiratory distress syndrome, neonate), DRG 387 transferred to another acute care facility), DRG 386 (extreme with major problems). 5)

Amended at 17 Ill. Reg. 3217, effective March 1, 1993)

Hospital Services Subject to and Excluded from the DRG Section 149.50

Prospective Payment System

- Hospital Services Subject to the DRG Prospective Payment System a)
- subsection (b)(2) below, all covered inpatient hospital services furnished to persons receiving coverage under the Medicaid Except for services described in Section 149.25(a)(4) and Program are paid for under the DRG PPS. 1
- Inpatient hospital services will not be paid for under the DRG PPS under any of the following circumstances: 2)
- The services are furnished by a hospital (or distinct part hospital unit) explicitly excluded from the DRG PPS under subsections (c) through (d). (Y
- out-of-state hospital (as described in subsection (c)(5)). The services are furnished by a nonparticipating B)
- The services are furnished by a hospital that elects to be reimbursed under special arrangements (as described in subsection (c)(6)) in the transition period of DRG PPS implementation. ô

ILLINOIS RECISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.50(a)(2) (continued)

- The services are furnished by a sole community hospital (as defined in Section 149.125(b)) that has elected to be exempted exetuded from the DRG PPS in accordance with subsection (c)(7). (a)
- The payment for services is covered by a health maintenance organization (HMO). E)
- Excluded and Exempted Hospitals and Hospital Units: General Rules (q
- Criteria. A hospital will be excluded from the DRG PPS if it meets the criteria for one or more of the exetuded classifications described in subsection (c) below. 1)
- subsection (c)(8) are reimbursed in accordance with 89 Ill. Adm. 148-240 through 148.300 with the exception of those hospitals Alternate Reimbursement System. All excluded hospitals (and Reimbursement Systems set forth in 89 Ill. Adm. Code 148,250 The hospitals described in subsection (d) below) are reimbursed under the Alternate excluded distinct part hospital units, as described in 3ode 148.160 or 148.170, as appropriate. described in subsection (c)(8). 2)
- requirements for the classifications set forth in this Section may Excluded Hospitals: Classifications. Hospitals that meet the not be reimbursed under the DRG Prospective Payment System. (°)
- Psychiatric Hospitals. A psychiatric hospital must: 1)
- supervision of psychiatrist, psychiatric services for the diagnosis and treatment of mentally ill persons; and Be primarily engaged in providing, by or under the (Y
- to provide inpatient psychiatric services (category of service 21) and have a Provider Agreement to participate in Be enrolled with the Department as a psychiatric hospital the Medicaid Program. B)
- Rehabilitation Hospitals. A rehabilitation hospital must: 5)
- Hold a valid license as a physical rehabilitation hospital; (A
- hospital to provide inpatient rehabilitation services Be enrolled with the Department as a rehabilitation B)

NOTICE OF ADOPTED AMENDMENTS

Section 149.50(c)(2)(B) (continued)

(category of service 22) and have a Provider Agreement to participate in the Medicaid Program.

- Children's Hospitals. A children's hospital must: 3)
- Be engaged in furnishing services to inpatients who are predominately individuals under 18 years of age; and (A
- Have a Provider Agreement to participate in the Medicaid Program. B)
- Long Term Stay Gare Hospitals. A long term stay eare hospital must: (†
- (less leave or pass days) by the number of total discharges average length of inpatient stay greater than 25 days: as Not be a psychiatric hospital, as described in subsection for the most recent State fiscal year (i.e., Fiscal Year computed by dividing the number of total inpatient days (c)(l) above, a rehabilitation hospital as described in described in subsection (c)(3) above and must have an subsection (c)(2) above, or a children's hospital as 1991 for Fiscal Year 1992 payments); and (Y
- Have a Provider Agreement to participate in the Medicaid B)
- Reporting Requirements. A hospital is excluded from the DRG PPS (the DRG Prospective Payment System), and that does not file an annually, that does not elect to be reimbursed under this Part out-of-state hospital is a hospital from out-of-state that if it meets the following definition: a nonparticipating provides fewer than 100 that-200 Illinois Medicaid days Hospitals Outside of Illinois that are Exempt from Cost Illinois Medicaid cost report. 2
- the Illinois Health Finance Reform Act, may elect to continue to be reimbursed at rates stated in such contracts for general and 1991, subject to the limitations described in 89 Ill. Adm. Code pursuant to Section 3-4 of specialty care for services provided on or after September 1, Hospitals Reimbursed Under Special Arrangements. Buring-the Hospitals that, on August 31, 1991, had a contract with the transition-period-of-the-DRG-PPS-implementation,-hospitale Department under the ICARE Program, 148,40(e) through 148,40(g). (9

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.50(c) (continued)

- 149.125(b), which have elected to be exempted exeluded from the DRG PPS, subject to the limitations described in 89 Ill. Adm. Sole Community Hospitals. Hospitals described in Section Code 148.40(e) through 148.40(g). 7
- hospital-specific reimbursement methodologies as described in 89 county with a population greater than three million are excluded County-Owned Hospitals and State-Owned Hospitals. County-owned hospitals and State-owned hospitals located in an Illinois a from the DRG system and are reimbursed under unique 11. Adm. Code 148.160 and 148.170. 8
- Excluded Distinct Part Hospital Units. (p
- psychiatric services (category of service 21) shall be excluded psychiatric services and shall be reimbursed in accordance with Distinct Part Psychiatric Units. With the exception of those hospitals described in subsections (c)(1) through (c)(8), a hospital enrolled with the Department to provide inpatient from the DRG PPS for the reimbursement of such inpatient 89 Ill. Adm. Code 148.270(b). 1
- Distinct Part Rehabilitation Units. With the exception of those inpatient rehabilitation services and shall be reimbursed in hospitals described in subsections (c)(1) through (c)(8), a hospital enrolled with the Department to provide inpatient rehabilitation services (category of service 22) shall be excluded from the DRG PPS for the reimbursement of such accordance with 89 Ill. Adm. Code 148.270(b). 5

Amended at 17 Ill. Reg. 3217_, effective March 1, 1993) (Source:

Conditions for Payment Under the DRG Prospective Payment System Section 149.75

General Requirements a)

- A hospital must meet the conditions of this Section to receive furnished to persons receiving coverage under the Medicaid payment under the DRG PPS for inpatient hospital services 1
- respect to inpatient hospital services furnished to one or more If a hospital fails to comply fully with these conditions with Medicaid clients, the Department may, as appropriate: 2

NOTICE OF ADOPTED AMENDMENTS

- (continued) Section 149.75(a)
- hospital until the hospital provides adequate assurances of Withhold Medicald payment (in full or in part) to the compliance; or (Y
- Terminate the hospital's Provider Agreement. B
- Hospital Utilization Control. Hospitals and distinct part units that they use for Medicare. Hospitals and distinct part units that do not regulations at 42 CFR, Ch. IV, Part 456, Subpart G (October 1, 1991). review standards and procedures and review committee for Medicaid as review plan requirements in 42 CFR, Ch. IV, Part 456, Subparts C, D, defined in Section 149.50(c)(1), shall be in accordance with federal participate in Medicare (Title XVIII) must use the same utilization inpatient psychiatric hospital care in a psychiatric hospital, as participate in Medicare (Title XVIII) must meet the utilization or E (October 1, 1991). Utilization control requirements for ф Э

requirements-of-42-GFR;-Gh;-IV;-Part-456;-Subparts-G;-D-and-G;-as Hospitalo-shall-comply-with-the-hospital-utilisation-control арргоргівее.

Medical Review Requirements: Admissions and Quality Review ွ Hospital utilization review committees, a subgroup of the utilization organization (PRO) shall review, on an ongoing basis, the following: review committee, or the hospital's designated professional review

- The medical necessity, reasonableness and appropriateness of inpatient hospital admissions and discharges. 1
- inpatient hospital care for which additional payment is sought The medical necessity, reasonableness and appropriateness of under the outlier provisions of Section 149.105. 2)
- The validity of the hospital's diagnostic and procedural information. 3
- The completeness, adequacy and quality of the services furnished in the hospital. (4
- participants or billing for services furnished to program Other medical or other practices with respect to program participants. 2)
- Medical Review Requirements: DRG Validation (P

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.75(d) (continued)

- information must be in writing in the medical record and, except December 15, 1991, the attending physician must, shortly before, the statement. Below the diagnostic and procedural information, as provided in subsection (d)(2) below, the physician must sign narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge." The physician's name must be typed and on the same page, the following statement must immediately September 1, 1991, for which the discharge occurs on or after "I certify that the Physician attestation. Beginning with admissions on or after diagnoses, and names of major procedures performed. The submitted), attest to the principal diagnosis, secondary at, or shortly after discharge (but before a claim is or clearly printed and appear on the same page as the precede the physician's dated signature: physician's signature. 1
- subsection (d)(1), may be provided by electronic means through a intermediary has determined that the hospital data system meets Alternative signature requirement. The attending physician's the guidelines established by the Health Care Financing Administration, U.S. Department of Health and Human Services, hospital data system if the hospital's Title XVIII (Medicare) signature, along with the other information required in under the Medicare Program. 2)
- perform prepayment review and/or postpayment review of specific DRG Validation. The Department or its designee may require and diagnosis and procedure codes. 3
- Sample Reviews 7
- The Department, or its designee, may review a random sample of discharges to verify that the diagnostic and procedural Department for DRG assignment, is substantiated by coding, submitted by the hospital and used by the corresponding medical records. (Y
- take place at the hospital or away from the hospital site. Code validation must be done on the basis of a review of medical records and, at the Department's discretion, may B)
- Revision of Coding 2)

63

NOTICE OF ADOPTED AMENDMENTS

ILLINOIS REGISTER

NOTICE OF ADOPTED AMENDMENTS

Section 149.75(g)(1) (continued)

recalculate the payment on the basis of the revised coding. with the hospital's coding, the hospital shall be required to provide the appropriate coding and the Department shall If the diagnostic and procedural information, attested to by the attending physician, is found to be inconsistent Section 149.75(d)(5) (continued)

(A

consistent with the medical record, the hospital shall be stipulated under subsection (d)(5)(A) is found not to be Department shall recalculate the payment on the basis of If the information attested to by the physician as required to provide the appropriate coding and the the revised coding. B)

conduct pre-admission, concurrent, pre-payment, and/or post-payment The Department, or its designee, may Medical Review Requirements: reviews of: ()

The medical necessity, reasonableness and appropriateness of inpatient hospital admissions and discharges. 1)

The quality and/or the nature of the utilization of health services. 5)

inpatient hospital care for which additional payment is sought The medical necessity, reasonableness and appropriateness of under the outlier provisions of Section 149.105. 3)

The validity of the hospital's diagnostic and procedural information. (†

The completeness, adequacy and quality of the services furnished in the hospital. 2

participants or billing for services furnished to program Other medical or other practices with respect to program participants. (9

Hospitals shall be notified at least thirty (30) days in advance of any pre-admission, concurrent, or pre-payment review requirements imposed by the Department. (J

Denial of Payment as a Result of Admissions, Length of Stay Transfers and Quality Review (8

If the Department determines that a hospital has misrepresented admissions, length of stay, discharges, or billing information,

or has taken an action that results in the unnecessary admission or inappropriate discharge of a program participant, unnecessary medical or other practices with respect to program participants or billing for services furnished to program participants, the multiple admissions of a program participant, unnecessary transfer of a program participant, or other inappropriate Department may, as appropriate:

an unnecessary admission, inappropriate length of stay or discharge, subsequent readmission or transfer of an inpatient hospital services provided with respect to such Deny payment (in whole or in part) with respect to (A

Require the hospital to take action necessary to prevent or correct the inappropriate practice. B)

Perform prepayment review in accordance with 89 Ill. Adm. Code 148.240(a). ()

necessity or appropriateness of care denial determination and is received within 60 days of the Advisory Notice. The date of the within 30 days, upon the request of a practitioner or provider, if such request is the result of the designee's own medical When payment with respect to the discharge of an individual patient is denied by the Department, or its designee, under subsection (g)(f)(A), a reconsideration will be provided Advisory Notice is counted as day one day. 2)

related to a pattern of inappropriate admissions, length of stay and billing practices that has the effect of circumventing the prospective payment system, may result in actions specified in A determination under subsection (g)(f)(1) above, if it is subsection (a)(2) above. 3)

Furnishing of Inpatient Hospital Services Directly or Under Arrangements h)

servives The applicable payments made under the PPS are payment in full physicians as described in subsections $(h) \notin (B)(1)$ through participants and the services of certain hospital-based for all inpatient hospital services other than for the of nonhospital-based physicians to individual program (h)(k)(l)(B)(v) below. 1

Section 149.75(h)(1) (continued)

- Hospital-based physicians who may not bill separately on a fee-for-service basis: (A
- A physician whose salary is included in the hospital's cost report for direct patient care may not bill separately on a fee-for-service basis. į)
- hospital or other institution includes a component for A teaching physician who provides direct patient care may not bill separately on a fee-for-service basis if the salary paid to the teaching physician by the treatment services. 11)
- Hospital-based physicians who may bill separately on fee-for-service basis: 8
- hospital's cost report for direct patient care may A physician whose salary is not included in the bill separately on a fee-for-service basis. į)
- A teaching physician who provides direct patient care salary paid to the teaching physician by the hospital may bill separately on a fee-for-service basis if the or other institution does not include a component for treatment services. 11)
- the hospital, he or she is permitted to and does bill basis when, by the terms of his or her contract with private patients and collect and retain the payments iii) A resident may bill separately on a fee-for-service received for those services.
- reimbursement costs, may bill separately on a fee-for-service basis when, by the terms of his or her patients and collect and retain the payments received. A hospital-based specialist who is salaried, with the contract with the hospital, he or she may charge for cost of his or her services included in the hospital professional services and do, in fact, bill private
- extent that he or she maintains a private practice and A physician holding a nonteaching administrative or staff position in a hospital or medical school may bill separately on a fee-for-service basis to the bills private patients and collects and retains payments made. 6

ILLINOIS REGISTER

3236

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.75(h) (continued)

the physician seeking reimbursement has been personally involved Charges are to be submitted on a fee-for-service basis only when means presence in the operating room, performing or supervising the major phases of the operation, with full and immediate in the services being provided. In the case of surgery, it responsibility for all actions performed as a part of the surgical treatment. 2)

Amended at 17 Ill. Reg. 3217_, effective March 1, 1993) (Source: Basic Methodology for Determining DRG Prospective Payment Rates Section 149,100

DRG Classification and Weighting Factors a)

- inpatient hospital discharges by diagnosis related groups (DRGs) CFR 412) in effect on September 1, $\underline{1992}$ $\underline{4994}$, with modifications deemed appropriate due to the differences in the Medicare and as defined by federal regulation for the Medicare Program (42 DRG Classification. For the rate period beginning October 1, 1992, the The Department will utilize the classification of Medicaid patient populations and Illinois Medicaid policy. 1
- DRG Weighting Factors 2)
- group, in effect on September 1, 1994 1992, multiplied by a fraction, the numerator of which is the Medicaid geometric Except as provided in subsections (a)(2)(B) through (a)(2)(E) below, the Illinois Medicaid weighting factor for each DRG shall equal the Medicare weighting factor for that mean length of stay and the denominator of which is the Medicare geometric mean length of stay for that group. making that calculation, the Department shall: (Y
- Use the Medicare geometric mean length of stay for each diagnostic related group as determined by the Health Care Financing Administration of the United States Department of Health and Human Services.
- from the Illinois Health Care Cost Containment Council geometric mean length of stay and using data obtained Calculate the Medicaid geometric mean length of stay for each diagnostic related group using the same methodology employed to calculate the Medicare 11)

NOTICE OF ADOPTED AMENDMENTS

Section 149.100(a)(2)(A)(ii) (continued)

or the Department's data bases.

- the ratio of the mean cost per discharge (defined below) of (normal newborn) and the Medicare scaling factor (defined 385-391 and Illinois-defined DRGs for Level III perinatal centers) shall be the product of the given DRG to the mean cost per discharge for DRG 391 The Illinois weighting factors for neonatal discharges below), such that the Illinois and Medicare weighting factors for DRG 391 are the same. (Medicare-defined DRGs B)
- hospital te-the-Illineis-Wealth-Gare-Gest-Sentainment 148.270), and the hospital's cost to charge ratio, as *ea#s-1989-and-1990 on claims paid by the Department. Section 149.150(c), updated to the current rate year the sum of the product of charges, as reported by a using the DRI factors (defined in 89 Ill. Adm. Code Mean cost per discharge, for any DRG, is defined as Gouneil-for-discharges-made-during-Federal-Fiseal derived from the hospital's base year cost report divided by the number of discharges for that DRG. (e.g., Calendar Year 1989 for Fiscal Year 1992), less costs listed as otherwise reimbursed under į)
- Medicare scaling factor is defined as the Medicare weighting factor for DRG 391 (normal newborns). 11)
- the Medicaid geometric mean length of stay for those DRGs, The Illinois weighting factors for psychiatric discharges subsections (a)(1) and (a)(2) except, prior to computing all lengths of stay longer than three (3) days are to be (DRGs 424-432) shall be computed as specified in set at three (3) days. 0
- DRC 103, heart transplant; DRG 436, alcohol/drug dependence paid through the DRG PPS are zero (0.0000). Those include with rehabilitation therapy; DRG 462, rehabilitation; DRG The Illinois weighting factors for DRGs that will not be 480, liver transplant; DRG 481, bone marrow transplant. <u>_</u>
- (a)(2)(B) through (a)(2)(D), the Illinois weighting factors sparse, fewer than 100 records, shall be computed using an for DRGs for which available historic discharge data are Except for DRGs otherwise specified in subsections alternate methodology. (E

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.100(a)(2)(E) (continued)

- between the weight calculated using the methodology in subsection (a)(2)(A) and the Medicare weighting factor For the rate period beginning October 1, 1992, for Fer Illinois weighting factor shall be set at the midpoint those DRGs with 32 or more records available, the in effect on September 1, 1992 1991. į.
- the Illinois weighting factor shall be set equivalent For those DRGs with fewer than 32 records available, to the Medicare weighting factor in effect on September 1, 1991 1992.
- The Department will establish appropriately assigned to a single DRG, based on essential data a methodology for classifying specific hospital discharges within DRGs which ensures that each hospital discharge is abstracted from the inpatient bill for that discharge. Assignment of Discharges to DRGs. 3)
- admission to the hospital), secondary diagnoses, procedures appropriate, be based on the patient's age, sex, principal diagnosis (that is, the diagnosis established after study The classification of a particular discharge will, as to be chiefly responsible for causing the patient's performed, and discharge status. (Y
- patient's principal diagnosis) regardless of the number of Each discharge will be assigned to only one DRG (related, conditions treated or services furnished during the except as provided in subsection (a)(3)(C), to the patient's stay. B)
- diagnosis, the bill will be subject to prepayment review The Department's DRG When the discharge data submitted by a hospital show a appropriate weighting factor, for cases for which the surgical procedure unrelated to a patient's principal classification system will provide a DRG, and an unrelated diagnosis and procedure are confirmed. for validation and reverification. 0

Review of DRG Assignment (17

may submit additional information as a part of its request. advice indicating initial assignment of a discharge to a DRG to request a review of the assignment. The hospital A hospital has 60 days after the date of the remittance (A

Section 149.100(a)(4) (continued)

- request the Department's peer review organization to review The Department shall review the hospital's request and any DRG assignment is appropriate. If the Department decides additional information and decide whether a change in the that a higher-weighted DRG should be assigned, it must the case to verify the change in DRG assignment. B)
- (a)(4)(A) above, the hospital may not submit additional information with respect to the DRG assignment or otherwise Following the 60-day period described in subsection revise its claim. C)
- Illinois Rates for Admissions on or after October 1, 1992 September p)
- administrative rules governing the time period when the services were rendered. The payments described in Sections 149.5 through claims for admissions occurring prior to October 1, 1992, shall 1, 1992. September-1,-1991. --In-the-interim,-hospitals-chall-be 148.300 shall be effective for admissions on and after October Interim-Reimburgement-System Reimburgement to hospitals for be calculated and paid in accordance with the statutes and thru 149.325 and 89 Ill. Adm. Code 148.250 148.249 through же∔тывтеед-өп-а-рет-д±ет-ваджа-бөт-адтываывын өп-апд-а£€ет September-1,-1991,-as-fellows+ 1
- reimburgement-under-one-of-the-reimburgement-methodologieg Hospitals-that,-on-August-31,-1991,-have-a-contract-with the-Department-under-Section-3-4-of-the-111inois-Health Finance-Reform-Act-shall-elect-to-receive-interim #
- The-hospital-o-weighted-average-contracting-rate-as etated-in-the-most-recentiy-regetiated-eentractr ÷,
- The-payment-methodology-in-effect-August-31,-1991-for поп-сопетастів-повріталь-іп-ассотавес-мітh-89-111-4dm--Gede-148-220-**(***;*
- Hospitals-that,-on-August-31,-1991,-do-not-have-a-contract Health-Finance-Reform-Act-shall-continuc-to-be-reimbursed based-upon-the-payment-methodology-in-effect-August-31, with-the-Bepartment-under-Seetion-3-4-of-the-Illinois 1991,-as-outlined-in-89-Ill.-Adm.-Gode-148,220. 台

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.100(b) (continued)

- 1992-and-appropriate-adjustments-will-be-made-to-adjust-payments the-Medicaid-Frospective-Payment-System-no-later-than-April-in вувtемт--The-reimburgement-methodologies-deseribed-in-89-111тре-титетти-рек-дтем-тетмриквемент-вувтем-мтт-ре-тертиеед-ру жеtжваеtive-for-admissions-впородить ртечтоцату-таде-индег-the-interim-per-diem-reimbursement Adm.-Gode-Part-149-and-148-240-through-148+300-shall-be 4
- June-30,-1991,---Onee-the-Fiscal-Year-1992-determination-has-been disproportionate-share-reimbursement-rate-whieh-was-in-effect-on effective-on-or-after-July-ly-ly-1991. Seetion-149-125(a)(3)-ohall-be-effeetive-on-or-affer-August-17 made-and-rates-have-been-esteutated-for-Fisest-Year-1992, The-payments-deseribed-in-Seetion-149.125(a)(2)-shall-be аррғарғівее-адјиветер-үзіз-Бе-таде-ео-еме-тебе-а́≴артороте±опаtе-в\яте-таtевт 3
- 148+330-shall-be-effeetive-for-services-provided-on-or-after The-payments-deseribed-in-89-Ill-Adm--Gode-148-249-through September-1,-1991+ 4
- þe The payments described in 89 Ill. Adm. Code 148.80 shall effective for services provided on or after July 1, 1992 September-1,-1991. 2)5}
- Determining Prospective Payment Rates. ွ
- the federal/regional blended rate per discharge for the Medicare described in subsection (c)(2) below, if applicable, in effect Department shall reimburse hospitals for inpatient services at on September 1, 1991 1992, and as computed by the PPS Pricer, Version 92,0 10-2,-distributed-to-Mediesre-intermediaries-on Program, which includes the hospital-specific portion as For the rate period beginning October 1, 1992, the The Jenuery-9,-1991. 1
- recognition of sole community hospitals, rural referral centers, Medicare dependent hospitals, and rural hospitals deemed urban. The hospital-specific portion is defined as the specific status and any applicable add-ons under the Medicare Program in 5
- amounts computed under subsections (c)(1) and (c)(2), multiplied by to Illinois weighting factor assigned to the DRG into which the The DRG PPS base rate shall be defined as the sum of the 3

63

NOTICE OF ADOPTED AMENDMENTS

Section 149.100(c)(3) (continued)

case has been classified.

(†

- care education payments, in accordance with Section 149.140; per in accordance with Section 149.105; a per case add-on for health applicable adjustments for trauma admissions, in accordance with (c)(3), hospitals shall receive applicable outlier adjustments, blood-elotting-factor-in-accordance-with-Section-149∵150(c)(6)† uneompensated-eare in accordance with 89-111--Adm--Gode Section Section 148.190; and, on a retrospective basis, any applicable accordance with Section 149.150(c); amy-applicable-add-on-for In addition to the DRG PPS base rate defined in subsection case add-ons for indirect medical education costs, capital adjustment for kidney acquisition costs in accordance with costs, direct medical education costs, and CRNA costs in uncompensated care, in accordance with Section 148.150; applicable adjustments for disproportionate share, and 148.120, er-if-applieable, applicable adjustments for Section 149.150(c)(5).
- each of the prospective payment rates determined under subsection (c) reasonably be estimated would have been paid under Medicare payment principles, in compliance with 42 CFR $447.272,\ Application\ of\ Upper$ adjustments made in accordance with 89 Ill. Adm. Code 148.120) to Application of Upper Payment Limits. The Department shall adjust ensure that aggregate payments do not exceed the amount that can above (with the exception of disproportionate share payment Payment Limits. P

(Source: Amended at 17 Ill. Reg. 3217, effective March 1, 1993)

Payment For Outlier Cases Section 149.105

- General Provisions а)
- Basic Rule 1
- covered inpatient hospital services furnished to a Medicaid Except as provided in subsections (a)(1)(B) and (a)(1)(C), thresholds specified by the Department, to a hospital for approximating a hospital's marginal cost of care beyond client, if either of the following conditions apply: the Department provides for additional payment, (Y
- The client's length of stay (including up to three

THE THE PARTY OF T

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.105(a)(1)(A)(i) (continued)

27 24 days, or the geometric mean length of stay plus the lesser of the geometric mean length of stay plus appropriate applicable DRG. The threshold is set at threshold, determined by the Department, for the administrative days) exceeds the day outlier three (3) standard deviations.

- the hospital's labor market \$29,584, or the hospital's (c)(3), exceed the greater of \$34,000 as adjusted for The hospital's charges for covered services furnished cost-to-charge ratio, as described in subsection to the client, adjusted to cost by applying a DRG PPS base rate as described in Section 149.100(b)(2)(C) multiplied by two (2). ii)
- applying a cost-to-charge ratio, as described in subsection transferring hospital reimbursed under the DRG PPS that (c)(3), exceed the greater of the criteria specified in The Department will provide cost outlier payments to a 149.25(b)(4)(B), if the hospital's charges for covered services furnished to the client, adjusted to cost by does not receive payment under subsection (b) of this Section for discharges specified in Section subsection (a)(1)(A)(ii). B)
- The Department will not provide outlier payments for: 0
- or distinct part units enrolled with the Department to limited to emergency treatment, to last no longer than 424-432). Such care provided by other than hospitals provide psychiatric care (category of service 21) is Discharges classified as psychiatric care (DRGs three days.
- Discharges assigned to DRGs with an Illinois weighting factor of zero (0.0000). ii)
- utilization by a hospital, all outlier cases from that hospital the Department or its designee finds a pattern of inappropriate services identified as noncovered through this review will be The Department or its designee may review outlier cases on a prepayment or postpayment review basis. The charges for any determination as to the provider's liability has been made. denied and any outlier payment having been made for those services will be recovered, as appropriate, after a 2)

NOTICE OF ADOPTED AMENDMENTS

(continued)

Section 149.105(a)(2)

are subject to medical review, and this review may be conducted prior to payment until the Department or its designee determines that appropriate corrective actions have been taken. The Department, or its designee, must review and approve, to the extent required by the Department:

- A) The admission was medically necessary and appropriate.
- B) The medical necessity and appropriateness of the admission and outlier services in the context of the entire stay.
- C) The services were ordered by the physician, actually furnished, and nonduplicatively billed.
- D) The validity of the diagnostic and procedural coding.
- E) The granting of up to three administrative (grace) days during which the hospital is seeking an appropriate setting into which to discharge a nonacute patient.

b) Payment for Extended Length-of-Stay Cases (Day Outliers)

- 1) If the hospital stay includes covered days of care beyond the applicable threshold criterion, the Department will make an additional payment, on a per diem basis, to the discharging hospital for those days and the transferring hospital for DRG's 385, 456, or 985 only. A special request or submission is not necessary to initiate this payment.
- 2) Except as provided in subsections (b)(3) or (d), the per diem payment made under subsection (b)(1) is derived by first taking 60 percent of the per diem payment for the applicable DRG, as calculated by dividing the DRG PPS rate, determined under 89 III. Adm. Code 149.100 by the mean length-of-stay for that DRG.
- 3) The per diem payment made under subsection (b)(1) for burn discharge (DRGs 456-460) is derived under the provisions of subsection (b)(2), except that the calculation is 90 percent of the per diem payment of the applicable DRG.
- 4) Any days in a covered stay identified as noncovered reduce the number of days reimbursed at the day outlier rate but not to exceed the number of days that occur after the day outlier

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.105 (continued)

- c) Payment for Extraordinarily High Cost Cases (Cost Outliers)
- 1) If the hospital charges, as adjusted by the method specified in subsection (c)(3) exceed the applicable threshold criterion, the Department will make an additional payment to the discharging hospital to cover those costs. A special request or submission is not necessary to initiate this payment.
- 2) The Department will reimburse the cost of the discharge on the billed charges for covered inpatient services, adjusted by a cost-to-charge ratio as described in subsection (c)(3).
- 4) If any of the services are determined to be noncovered, the charges for those services will be deducted from the requested amount of reimbursement but not to exceed the amount claimed above the cost outlier threshold.
- 5) Except as provided in subsection (c)(6), the additional amount is 75 percent of the difference between the hospital's adjusted cost for the discharge (as determined under subsection (c)(3)) and the threshold criteria established under subsection (a)(1)(A)(ii).
- 6) The additional payment amount for burn cases (DRGs 456-460) is computed under the provisions of subsection (c)(5), except that the payment is 90 percent of the difference between the hospital's adjusted cost for the discharge and the threshold criteria.
- d) Payment for Extraordinarily High Cost Day Outliers. If a discharge qualifies for an additional payment under the provisions of both subsections (b) and (c), the additional payment is the greater of the following:

NOTICE OF ADOPTED AMENDMENTS

Section 149.105(d) (continued)

- The payment computed under subsection (b) above. 1
- The payment computed under subsection (c) above. 2)

(Source: Amended at 17 Ill. Reg. 3217, effective March 1, 1993)

Special Treatment of Certain Facilities Section 149.125

- General Rules a)
- Department's Alternate Reimbursement methodology as described in hospitals shall, under subsection (b), have the choice of being Sole Community Hospitals. Hospitals defined as sole community reimbursed under the DRG PPS methodology, as described in Sections 149.5 149.25 through 149.19-and 149.150, or the 89 III. Adm. Code 148,250 148,240 through 148,300. 1
- payments are set forth in 89 Ill. Adm. Code 148.120 and include patients. The criteria and methodologies for such additional applicable additional payments for targeted access care and, The Department shall make additional payments to Hospitals that Serve a Disproportionate Share of Low Income hospitals that serve a disproportionate share of low income critical access care and-uncompensated-eare. Patients. 2)
- nendispropertionate-share hospitals that provide equal access to Hospitalo. The Department shall make an additional payment to additional payment are set forth in 89 Ill. Adm. Code 148.150. Uncompensated Care Adjustments for-Nondisproportionate-Share The criteria and methodology for this low income persons. 3)
- Trauma Center Adjustments. The Department shall make additional payments to trauma centers as set forth in 89 Ill, Adm, Code 48.290(c). (4)
- Criteria for Classification as a Sole Community Hospital. "Medi Sole Community Provider" means a hospital that meets one of the following criteria: (q
- Any hospital designated as a "sole community provider" by the U.S. Department of Health and Human Services for purposes of reimbursement under the federal Medicare Program effective September 1, 1992; or 1

ILLINOIS REGISTER

3246 93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.125(b) (continued)

- that serves 55 percent or more of the Medicaid patients residing which 50 percent or more of a hospital's inpatients reside. The Any hospital located outside of a metropolitan statistical area within the hospital's primary service area for the provision of "Primary service area" means the data used to make this determination will be from the Illinois inpatient hospital services. "Primary service area" means t geographic area defined by U.S. Postal Service Zip Codes in Health Care Cost Containment Council (IHCCCC) for the most recent four quarters for which information is available. 2)
- Amended at 17 Ill. Reg. 3217, effective March 1, 1993) (Source:

Methodology for Determining Primary Care Access Health Care Education Payments Section 149.140

- primary health care professionals and the placement of those professionals in areas of the State that suffer a shortage of medical hospitals to increase the number and to promote the education of Payments will be made to qualifying teaching hospitals for the purpose of encouraging medical schools and affiliated teaching professionals. , a)
- Definitions. p)
- the federal Department of Health and Human Services, and allowed "Full-time equivalent resident" means residents, as defined by nineteen (19) and thirty (30) months prior to the beginning of to be reported on the Medicare cost report on file with the Department for the latest cost report period ending between the fiscal year in which the rate period begins,
- "Major academic hospital" means a hospital located in the State of Illinois with at least three hundred fifty (350) acute care, The source of information on acute care, inpatient beds and at least one hundred thirty (130) full-time inpatient beds will be the most recent available American Hospital Association Guide. equivalent residents. 2)
- "Qualified rotation setting" means any of the following: 3
- A primary care clinic that has thirty-five (35) per centum or more of its annual patients eligible for medical assistance, A)

NOTICE OF ADOPTED AMENDMENTS

Section 149.140(b)(3) (continued)

- A primary care clinic that pledges to serve 500 or more individuals participating in the Department's Healthy Moms/Healthy Kids program. B)
- A federally qualified health center. 0
- A rural health center. 0
- Initiative Goals. The goals of this initiative are to direct State resources into incentives that will: 7
- Increase the number of primary health care professionals trained in community primary care settings. 1
- providing thorough medical services to persons eligible for Increase the number of primary health care professionals medical assistance. 2)
- Decrease the number of non-urgent hospital emergency room visits. 3)
- hospitals, and primary care providers to develop programs that Promote cooperation among medical schools, major teaching (7
- Encourage medical students to select primary care specialities. A)
- Establish and staff clinics that are located in medically underserved areas or underserved Medicaid areas. B)
- Promote the use of preventive care. 0
- Participation Requirements. P
- Major academic hospitals must enroll with the Department to participate in the initiative. 7
- qualified rotation settings and achieve the goals described in Hospitals receiving payments under this initiative are to use enhancement of existing programs that will place residents in these payments for the establishment of new programs or the subsection (c) above. 5
- with reporting requirements as described in subsection (f) below. Hospitals receiving payments under this incentive must comply 3

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.140 (continued)

- payment shall be a per discharge amount which will be the quotient of period. The hospital-specific incentive level shall be determined as PPS discharges expected, by the Department, to occur during the rate Payment methodology. Payments will be made as an add-on for any DRG the hospital-specific incentive level divided by the number of DRG PPS discharge from a participating hospital, The amount of that (a
- annual resident funding factor, which for rate periods beginning on or after October 1, 1992, shall be \$7,500, and the number of hospital-specific incentive level shall be the product of the For rate periods beginning on or after October 1, 1992 the countable residents, which is the lesser of:
- The total number of full-time equivalent residents.
- Sixty (60) per centum of the number of acute care inpatient B)
- Each as used to qualify the hospital as a major teaching institution. 2)
- necessary to determine eligibility for participation, and to monitor Reporting requirements. Participating hospitals must provide the Department with data and other information the Department deems and evaluate this initiative. Ţ

(Source: Rule added at 17 Ill. Reg. 3217., effective March 1, 1993)

Payments to Hospitals Under the DRG Prospective Payment System Section 149.150

- hospital will equal the sum of the payments listed in subsections (b) through (c) of this Section, hospitals shall also receive applicable accordance with 89 Ill. Adm. Code 148.150, if applicable, and trauma center adjustments in accordance with 89 III. Adm. Code 148.290(c). In addition to the payments listed in subsections (b) disproportionate share adjustments in accordance with 89 Ill. Adm. Code 148.120, if applicable, and-uncompensated care adjustments in Total Medicaid Payment. Under the DRG PPS, the total payment for inpatient hospital services furnished to a Medicaid client by a through (c). a)
- Payments Determined on a Per Case Basis. A hospital will be paid on (q

NOTICE OF ADOPTED AMENDMENTS

Section 149.150(b) (continued)

a per case basis (with the exception of kidney acquisition costs and blood-elotting-factor-costs) the following amounts:

- the appropriate DRG PPS rate for each discharge as determined in accordance with Section 149.100(b)(2).
- The appropriate outlier payment amounts determined under Section 149.105 5
- Capital related costs as determined under subsection (c)(1)below. 3)
- Direct medical education costs as determined under subsection (c)(2) below. (†
- Indirect medical education costs as determined under subsection (c)(3) below. 2
- "CRNAs") as set forth in Section 6132(a) of the Omnibus Budget Reconciliation Act of 1989 and in accordance with subsection anesthetists (Certified Registered Nurse Anesthetists or Anesthesia services of hospital employed nonphysician (9
- Kidney acquisition costs Aequieitien-Goote in accordance with subsection (c)(5). 2
- applicable, in accordance with Section 149.140. Blood-Glotting Factor-Administered-to-Hemophilia-Inpatiento-in-accordance-with Primary care access health care education payments, if aubaeetien-(e)(6). (8
- These costs shall be paid on a per case Payments for Capital, Direct Medical Education, Indirect Medical Education, CRNA, and Kidney Acquisition and-Wemophilia-Impatient basis, with the exception of kidney acquisition costs and-blood eletting-factor-costs, and shall be calculated as follows: Blood-Glotting-Factor Costs. ()
- Capital Related Costs 1)
- The capital related cost per diem shall be calculated by taking the hospital's total capital related costs as (A

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.150(c)(1)(A) (continued)

midpoint of the eurrent-rate period year using the national hospital-report-years;-1988-and-1989;-are-used-fer-F¥192 hospital's total inpatient days, trended forward to the rates,-1989-and-1990-fer-F¥-93,-eter→ divided by the total hospital market basket price proxies (DRI).

- These two trended capital related cost per diems are then added together and divided by two to calculate the hospital's adjusted capital related cost per diem. B)
- ordered for all hospitals and capped at the 80th percentile. calculated in subsection (c)(1)(8) above, shall be rank The adjusted capital related cost per diem amount, as 0
- calculated in subsection (c)(1)(B) or subsection (c)(1)(C)Each hospital shall receive a per <u>case</u> diem add-on for capital related costs which shall be equal to the amount average length of stay for services reimbursed under the above, whichever is less, multiplied by the hospital's (n

Direct Medical Education Costs 2)

- period year using the national total hospital market basket calculated by taking the hospital's inpatient total direct Code 148.25(g)(1), (irerr-two-hospital-report-years,-1988 days, trended forward to the midpoint of the eurrent-rate Department for the base period as defined in 89 Ill. Adm. The direct medical education cost per ease diem shall be FY-93,-ete. divided by the hospital's total inpatient medical education costs as reported on the hospital's end-1989,-ere-used-fer-F¥-92-rates,-1989-and-1990-fer latest audited Medicare cost report on file with the (Y
- are then added together and divided by two to calculate the hospital's adjusted direct medical education cost per diem. These two trended direct medical education costs per diems B)
- The adjusted direct medical education cost per diem amount, as calculated in subsection (c)(2)(8) above, shall be rank ordered for all hospitals reporting such costs and capped at the 80th percentile. 0

NOTICE OF ADOPTED AMENDMENTS

- Each hospital shall receive a per case add-on for direct medical education costs which shall be equal to the amount calculated in subsection (c)(2)(B) or subsection (c)(2)(C)average length of stay for services reimbursed under the above, whichever is less, multiplied by the hospital's (Q
- effect on September 1, 1992. This factor shall be multiplied by the sum of the result of the calculation described in Section determined by HCFA and-found-in-the-DRG-Pricery-Version-10.2 in 149.100(c)(3) plus any applicable outlier payments as described Department shall use the indirect medical education factors as Determination of Indirect Medical Education Adjustment Factor. To determine the indirect medical education factor, the in Section 149.105. 3)
- CRNA Costs (†
- Medicare Program (Seetion-5261-0f-HGFA-14-3-Update,-3-1-91) effective September 1, 1992, shall be eligible for these Only hospitals that qualify for these payments under the (A
- hospital's latest audited Medicare cost report on file with Adm. Code 148.25(g)(1), (i.e.,-hospital-report-year-1989-is The CRNA cost per case amount shall be calculated by taking midpoint of the eurrent-rate period year using the national used-fer-F¥-92-rates,-1990-fer-F¥-93,-ete,} divided by the the Department for the base period as defined in 89 Ill. hospital's total inpatient days, trended forward to the the hospital's total CRNA costs (as reported on the total hospital market basket price proxies (DRI). B)
- (c)(4)(A) above, shall receive a per case add-on for CRNA costs which shall be equal to the amount calculated under subsection (c)(4)(B) above, multiplied by the hospital's average length of stay for services reimbursed under the Each qualifying hospital, as described in subsection G
- reimbursed on a retrospective basis. The reimbursement shall be calculated by multiplying the hospital's total charges for the kidney acquisition by the hospital's cost-to-charge ratio as Kidney Acquisition Costs shall be described in Section 149.105(c)(3). Kidney Acquisition Costs. 2

ILLINOIS REGISTER

3252

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 149.150(c) (continued)

- In the event that an audited cost report is not available at the applicable period will be used for the calculation of interim recalculated. Payments made under the interim rate shall be time the rates are calculated, the unaudited report for the rates. Upon completion of the audit, the rate shall be (9
- notify the Department within 30 days after receipt of the rate A hospital wishing to appeal the calculation of its rates must change notification. 2
- Payment-for-Blood-Glotting-Factor-Administered-to-Hemophilia Impatienter (9
- ұhе-b≟өөd-е≟еtting-£аеtеr-аdjustment-shall-be-based-uрея-в eletting-factor-(as-determined-under-the-Medieare-Program predetermined-pries-per-international-unit-(IU)-0f-biood effective-September-1,-1991)-multiplied-by-the-number-of units-provided. ₹¥
- each-of-the-three-basie-types-of-elsting-factor-(Factor <u>Тhree-вератаtе-аdjustment-амочнъе-вhall-be-made,-вne-for</u> VIII--Faeter-IX-and-other-faetere-which-are-given-to-the аајчаттепе-атоптев-Евг-Евг-Евге-Еурев-оई-Бівоа-еівееіпв patients-with-inhibitors-to-Factors-VIII-and-IX)---The Factor-per-unit-aret **₩**
- Factor-VIII,-viral-inactivated,-\$--64-per-IU **+**+
- 11) Factor-1X,-complex,-heat-treated,-\$-+26-per-1U
- iii) Other-hemophilia-eletting-factors-(ergry-anti-eletting inhibiters),-\$1,00-per-IU

Method of Payment q

- General Rule. Unless the provisions of subsection (d)(2) apply, hospitals are paid for each discharge based on the submission of rehabilitation unit of a hospital are made in accordance with 89 a discharge bill. Payments for inpatient hospital services furnished by an excluded distinct part psychiatric or a [11. Adm. Code 148.270(b). 1)
- Special Interim Payment for Unusually Long Lengths of Stay 5

Section 149.150(d)(2) (continued)

- A) First Interim Payment. A hospital may request an interim payment after a Medicaid client has been in the hospital at least 60 days. Payment for the interim bill is determined as if the bill were a final discharge bill and includes any outlier payment determined as of the last day for which services have been billed.
- Additional Interim Payments. A hospital may request additional interim payments at intervals of at least 60 days after the date of the first interim bill submitted under subsection (d)(2)(A). Payment for these additional interim bills, as well as the final bill, is determined as if the bill were the final bill with appropriate adjustments made to the payment amount to reflect any previous interim payment made under the provisions of subsection (d)(2).
- 3) Outlier Payments. Except as provided in subsection (d)(2), payment for outlier cases (described in Section 149.105) are not made on an interim basis. The outlier payments are made based on submitted bills and represent final payment.
- e) Reductions to Total Payments
- 1) Copayments. Copayments are assessed under all medical programs administered by the Department and shall be assessed in accordance with 89 111. Adm. Code 148.190.
- Third Party Payments. Hospitals shall determine that services rendered are not covered, in whole or in part, under any other state or federal medical care program or under any other private group indemnification or insurance program, health maintenance organization, preferred provider organization, workers compensation or the tort liability of any third party. To the extent that such coverage is available, the Department's payment obligation shall be reduced.
- Effect of Change of Ownership on Payments Under the DRG Prospective Payment System. When a hospital's ownership changes, the following rule applies: Payment for the cost of inpatient hospital services for each patient, including outlier payments, as provided under subsection (b) above, will be made to the entity that is the legal owner on the date of discharge. Payments will not be prorated between the buyer and seller.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

3254.

NOTICE OF ADOPTED AMENDMENTS

Section 149.150(f) (continued)

- 1) The owner on the date of discharge is entitled to submit a bill for all inpatient hospital services furnished to a Medicaid client regardless of when the client's coverage began or ended during a stay, or of how long the stay lasted.
- 2) Each bill submitted must include all information necessary for the Department to compute the payment amount, whether or not some of the information is attributable to a period during which a different party legally owned the hospital.

(Source: Amended at 17 Ill. Reg. 3317, effective March 1, 1993)

NOTICE OF ADOPTED AMENDMENTS

- General Assistance 1) Heading of the Part:
- 2) Code Citation: 89 Ill. Adm. Code 114
- Adopted Action: 3) Section Numbers:

Amendment Repeal Repeal Repeal 114.121, 114.124, 114.125 114.126, 114.127, 114.128 114.129, 114.130, 114.135

- Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 6-1 et seg. and 12-13) and Public Act 87-893 (Senate Bill 1717), effective August 5, Article VI and authorized by Section 12-13 of the $\,$ Statutory Authority: 4)
- 5) Effective Date of Amendments: March 1, 1993
- 6) Does this rulemaking contain an automatic repeal date? No
- No 7) Do these Amendments contain incorporations by reference?
- 8) Date Filed in Agency's Principal Office: March 1, 1993
- 9) Notice of Proposal Published in Illinois Register:

October 16, 1992 (16 Ill. Reg. 15810)

- 10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No
- Differences between proposal and final version: No substantive changes were made to the text of the amendments. 11)
- Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes 12)
- Will these Amendments replace Emergency Amendments currently in effect?
- 14) Are there any Amendments pending on this Part? Yes

Proposed Action Illinois Register Citation	December 18, 1992 (16 Ill. Reg. 19654)	December 4, 1992 (16 Ill. Reg. 18226)	November 20, 1992 (16 Ill. Reg. 17459)
Illinois	December	December	November
Proposed Action	Amendment	Amendment	New Section
Sections	114.223	114.252	114.406

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

changes in the General Assistance rules replace provisions which conflict Code 114) as part of its implementation of the Food Stamp Employment and proposing these amendments to the General Assistance rules (89 Ill. Adm. with the new program and provide appropriate references to the program. The amendments are also being adopted on an emergency basis effective Summary and Purpose of Amendments: The Department of Public Aid is Training Program, including the Earnfare component. These proposed October 1, 1992. 15)

Many of the provisions included in the Food Stamp Employment and Training Program in the Food Stamp rules (89 Ill. Adm. Code 121) are based on the assist interested persons in determining the substantive changes in the current rules under the General Assistance program. The relationship between these rules is indicated in the following chart, which should

Current Proin In Part 114	Current Provisions in Part 114	New Provisions in Part 121	Subject
Section 114.121	114.121	Section 121.160	Persons Required to Participate
Section 114,124	114.124	Section 121.162	Participation, Cooperation
Section 114,125	114.125	Section 121.164	Orientation
Section 114.126	114.126	Section 121.166	Assessment, Employability Plan
Section	Section 114.127(a)	Section 121.170	Job Search Component
Section	Section 114.127(b)	Section 121.172	Basic Education Component
		Section 121.174	Job Readiness Component
Section	Section 114.127(d)	Section 121.176	Work Experience Component
		Section 121.178	Job Training Component
Section	Section 114.127(e)	Section 121.180	Grant Diversion Component
Section 114,128	114,128	Section 121.184	Sanctions
Section 114.129	114.129	Section 121.186	Good Cause, Failure to Cooperate
Section 114.130	114.130	Section 121.188	Supportive Services
Section 114,135	114.135	Section 121.190	Conciliation, Fair Hearings

The proposed amendments to Section 114.120 provide references to the Food Stamp Employment and Training Program, which indicate individuals who may be eligible to participate or required to participate.

program for Fiscal Year 1993 at about \$10 million. No other increases in expenditures are anticipated as a result of these proposed amendments. The Department estimates that the cost of operation of the Earnfare

NOTICE OF ADOPTED AMENDMENTS

16) Information and guestions regarding these Adopted Amendments shall be directed to:

Judy Umunna Name:

Bureau of Rules and Regulations Address:

Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, Illinois 62762
Telephone: (217) 524-3215

The full text of the Adopted Amendments begins on the next page:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES CHAPTER I: DEPARTMENT OF PUBLIC AID SUBCHAPTER b: ASSISTANCE PROGRAMS

GENERAL ASSISTANCE PART 114

SUBPART A: GENERAL PROVISIONS

Section

Description of the Assistance Program Determination of Not Employable Incorporation By Reference 114.1 114.2 114.5

È
ELIGIBILI
Q.F.
FACTORS
NON-FINANCIAL
e E
SUBPART

Section	
114.9	Client Cooperation
114.10	Citizenship
114.20	Residence
114.30	Аде
114.40	Relationship
114.50	Living Arrangement
114.52	Social Security Numbers
114.60	Work Registration Requirements (Outside City of Chicage on)")
114.61	Individuals Exempt From Work Registration Requirements (Outside
	City of Chicago only)
114.62	Job Service Registration (Outside City of Chicago only)
114.63	Failure to Maintain Current Job Service Registration (Outside City
	of Chicago only)
114.64	Responsibility to Seek Employment (Outside City of Chicago only)
114.70	Initial Employment Expenses (Outside City of Chicago only)
114.80	Downstate General Assistance Work and Training Programs
114.85	Downstate General Assistance - Food Stamps Employment and Training
	Pilot Project
114.90	Project Chance Participation/Cooperation Requirements (Renumbered)
114.100	General Assistance Jobs Program (Repealed)

SUBPART C: FROJECT ADVANCE

ion	108 Project Advance	109 Project Advance Participation Requirements of Adjudicated Fathers			113 Project Advance Good Cause for Failure to Comply		117 Project Advance Supportive Corvinse
Section	114,108	114.109	114.110	114.111	114.113	114.115	114.117

・・・ション かんじん

3259 93

DEPARTMENT OF PUBLIC AID

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

NOTICE OF ADOPTED AMENDMENTS	Income From Self-En Income From Roomer	Earned income From Kental Property Earned Income In-Kind Payments from the Illinois Department of Children and Family Services	Budgeting Earned Income For Contractual Employees Budgeting Earned Income For Non-contractual School Employees Assets	Exempt Assets Asset Disregards Deferral of Consideration of Assets (Repealed) Property Transfers (Repealed)	Supplemental Payments SUBPART F: PAYMENT AMOUNTS	Payment Levels for General Assistance Payment Levels in Group I Counties Payment Levels in Group II Counties Payment Levels in Group III Counties	SUBPART G: OTHER PROVISIONS		
	114.241	114.243 114.244 114.245	114.246 114.247 114.250	114.251 114.252 114.260 114.270	114.280	Section 114.350 114.351 114.352		Section 114.400 114.401 114.402 114.403 114.403 114.405 114.405 114.420 114.420 114.420 114.450 114.450 114.456 114.458	
NOTICE OF ADOPTED AMENDMENTS	SUBPART D: EMPLOYMENT AND TRAINING REQUIREMENTS PROJECT-CHANGE	Employment and Training <u>Requirements</u> for-Transitional-Assistanse Programs-Administered-by-the-Illinois-Department-of-Publis-Aid	Persons Required to Participate in Project Chance (Repealed) Advocacy Program for Persons Who Have Applied for Supplemental Security Income (SSI) Under Title XVI of the Social Security Act	(Repealed) Persons in Need of Work Rehabilitative Services (WRS) to Become Employable (Repealed) Employment and Training Participation/Cooperation Requirements	<pre>Likepealed. Employment and Training Program Orientation (Repealed) Employment and Training Program Full Assessment Process/Development of an Employment Plan (Repealed)</pre>	Employment and Training Program Components (Repealed) Employment and Training Sanctions (Repealed) Good Cause For Failure to Cooperate With Work and Training Participation Requirements (Repealed) Employment and Training Supportive Services (Repealed) Conciliation and Fair Hearings (Repealed)	Employment Child Care (Repealed)	SUBPART E: FINANCIAL FACTORS OF ELIGIBILITY Unearned Income Budgeting Unearned Income of Applicants Receiving Income On Date of Application And/OD Date of Decision Initial Receipt of Unearned Income Exempt Unearned Income Exempt Unearned Income Education Benefits Unearned Income Education Benefits Unearned Income Education Benefits Unearned Income Education Benefits Unearned Income Budgeting Earned Income Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision Initial Employment Termination of Employment Exempt Exerned Income Recognized Employment Exempt Expenses Income From Work/Study/Training Program (Repealed)	
	•	Section 114.120	114.121	114.123	114,125	114.127 114.128 114.129 114.130	114.140	Section 114.200 114.201 114.202 114.203 114.204 114.220 114.221 114.221 114.224 114.228 114.228 114.228 114.228 114.228 114.228 114.228	

NOTICE OF ADOPTED AMENDMENTS

Rates of Payment for Child Care Method of Providing Child Care 114.466 114.464

SUBPART I: TRANSITIONAL CHILD CARE

	Transitional Child Care Eligibility	Duration of Eligibility for Transitional Child Care	Loss of Eligibility for Transitional Child Care	Qualified Provider	Notification of Available Services	Participant Rights and Responsibilities	Child Care Overpayments and Recoveries	Fees for Service for Transitional Child Care	Rates of Payment for Transitional Child Care	
Section	114.500	114.504	114.506	114.508	114.510	114.512	114.514	114.516	114.518	

Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 6-1 et seq. and AUTHORITY: Implementing Article VI and authorized by Section 12-13 of the 12-13)

56, effective November 1, 1978; emergency amendment at 3 Ill. p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency 111. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 effective August 30, 1978, for a maximum of 150 days; peremptory amendment at amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 111. Reg. 10, p. 258, effective February 25, 1980; amended at 4 111. Reg. 12, 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July July 24, 1981; peremptory amendment at 5 ill. Reg. 8106, effective August 1, September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, Ill. Reg. 46, p.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended amended at 10 Ill. Reg. 10681, effective June 3, 1986; amended at 10 Ill. Reg. effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and April 9, 1984; amended at 8 Ill. Reg. 6764, effective April 27, 1984; amended Reg. 243, effective December 27, 1983; amended at 8 Ill. Reg. 5233, effective 14, 1986; amended at 10 111. Reg. 15118, effective September 5, 1986; amended at 10 111. Reg. 15640, effective September 19, 1986; amended at 10 111. Reg. September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. at 8 Ill. Reg. 11435, effective June 27, 1984; amended at 8 Ill. Reg. 13319, at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 1984; amended (by adding sections being codified with no substantive change) Reg. 314, effective January 1, 1985; 11041, effective June 5, 1986; amended at 10 Ill. Reg. 12662, effective July 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. amended at 9 Ill. Reg. 10764, effective July 5, 1985; amended at 9 Ill. Reg. Ill. Reg. 16107; amended at 7 Ill. Reg. 16408, effective November 30, 1983; amended at 7 Ill. Reg. 16652, effective December 1, 1983; amended at 8 Ill. effective July 16, 1984; amended at 8 Ill. Reg. 16237, effective August 24, January 17, 1986; amended at 10 Ill. Reg. 3660, effective January 30, 1986; maximum of 150 days; amended at 10 Ill. Reg. 4896, effective March 7, 1986; amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. codified at 7 Ill. Reg. 907, effective January 7, 1983; amended (by adding amended (by adding section being codified with no substantive change) at 7 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. 15800, effective October 16, 1985; amended at 10 Ill. Reg. 1924, effective 19079, effective October 24, 1986; amended at 11 111. Reg. 2307, effective amended at 7 Ill. Reg. 9909, effective August 5, 1983; amended (by adding Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. effective June 2, 1982, for a maximum of 150 days; amended at 6 111. Reg. maximum of 150 days; amended at 9 Ill. Reg. 9557, effective June 5, 1985; emergency amendment at 9 Ill. Reg. 823, effective January 3, 1985, for a Sections being codified with no substantive change) at 7 Ill. Reg. 5195; section being codified with no substantive change) at 7 Ill. Reg. 14747; amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; amendment at 5 Ill. Reg. 10113, effective October 1, 1981; amendment at 5 Ill. Reg. 10124, effective October 1, 1981; emergency amendment at 10 Ill. Reg. 4646, effective February 3, 1986, at 8 Ill. Reg. 17896; amended at 9 Ill. peremptory peremptory

NOTICE OF ADOPTED AMENDMENTS

amended at 11 Ill. Reg. 6238, effective March 20, 1987; emergency amendment at Reg. 9699, effective May 24, 1988; amended at 12 111. Reg. 9940, effective May Reg. 14364, effective September 1, 1988, for a maximum of 150 days; amended at effective February 23, 1990; amended at 14 Ill. Reg. 6360, effective April 16, effective August 10, 1990; amended at 14 Ill. Reg. 14162, effective August 17, effective September 1, 1992, for a maximum of 150 days; emergency amendment at effective November 1, 1987, for a maximum of 150 days; amended at 11 111. Reg. 1988; amended at 12 Ill. Reg. 9108, effective May 20, 1988; amended at 12 Ill. Section 114,110 recodified to Section 114.52 at 12 Ill. Reg. 2984; amended at 1, 1990; amended at 13 111. Reg. 16015, effective October 6, 1989; amended at 1990; amended at 14 Ill. Reg. 17111, effective September 30, 1990; amended at effective October 2, 1989, for a maximum of 150 days; emergency expired March 31, 1988; amended at 12 111. Reg. 11474, effective June 30, 1988; amended at 12 Ill. Reg. 14255, effective August 30, 1988; emergency amendment at 12 Ill. Reg. 8580, effective May 20, 1989; emergency amendment at 13 Ill. Reg. 16169, 12 Ill. Reg. 3505, effective January 22, 1988; amended at 12 Ill. Reg. 6170, 20, 1992; emergency amendment at 16 Ill. Reg. 4540, effective March 10, 1992, 15 III. Reg. 288, effective January 1, 1991; amended at 15 III. Reg. 5710, effective April 10, 1991; amended at 15 III. Reg. 11164, effective August 1, 16 Ill. Reg. 14769, effective September 15, 1992, for a maximum of 150 days; 13297, effective August 15, 1992; emergency amendment at 16 Ill. Reg. 13651, maximum of 150 days; emergency amendment at 16 Ill. Reg. 17772, effective November 13, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 18815, effective November 24, 1992; amended at 17 Ill. Reg. 1091, effective January 15, 1993; amended at 17 Ill. Reg. 2277, effective February 15, 1993; amended 20129, effective December 4, 1987; amended at 11 Ill. Reg. 20889, effective 1990; amended at 14 Ill. Reg. 10929, effective June 20, 1990; amended at 14 emergency amendment at 16 Ill. Reg. 16276, effective October 1, 1992, for a SUBPARTS C, D and E recodified to SUBPARTS E, F and G at 12 Ill. Reg. 2147; effective March 18, 1988; amended at 12 Ill. Reg. 6719, effective March 22, 1991; emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3512, effective February November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 18689, emergency amendment at 11 111. Reg. 12948, effective August 1, 1987, for a December 14, 1987; amended at 12 Ill. Reg. 889, effective January 1, 1988; January 1, 1989; amended at 13 Ill. Reg. 1546, effective January 20, 1989; 14 Ill. Reg. 746, effective January 1, 1990; amended at 14 Ill. Reg. 3640, amended at 13 Ill. Reg. 3900, effective March 10, 1989; amended at 13 Ill. effective July 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 20171, effective November 28, 1988; amended at 13 Ill. Reg. 89, effective Reg. 13215, effective August 6, 1990; amended at 14 111. Reg. 13777, January 16, 1987; amended at 11 Ill. Reg. 5297, effective March 11, 1987; maximum of 150 days; emergency amendment at 11 111. Reg. 18311, effective 12 Ill. Reg. 16729, effective September 30, 1988; amended at 12 Ill. Reg. 11 Ill. Reg. 12449, effective July 10, 1987, for a maximum of 150 days; effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18791, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 11662,

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

at 17 Ill. Reg. 3255 effective March 1, 1993.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

EMPLOYMENT AND TRAINING REQUIREMENTS PROJECT-CHANGE SUBPART D:

Assistance-Programs-Administered-by-the-Illinois-Department Employment and Training Requirements for-Transitional of-Public-Aid Section 114.120

Seetiens-114,121-through-114,130-apply-te-Transitional-Assistanse-sasse-in-the Gity-o£~Ghioago,-Thic-subpart-provides-fer-a-system-e£~empleyment-and-training serviees-for-Transitional-Assistanse-elients.--Te-the-entent-that-any-ef-these Seetiens-conflict-with-other-Sections-in-this-Part,-these-Sections-shall венетед-бет-бией-ретбенбт

- Stamp Employment and Training Program, Refer to 89 Ill, Adm, Code receiving food stamps may be required to participate in the Food Transitional Assistance clients who are not exempt and who are a)
- Non-exempt clients receiving Family and Children Assistance may be reguired to participate in the Food Stamp Employment and Training program, See 89 III, Adm. Code 112,70 through 112,76 for requirements for these clients. q

(Source: Amended at 17 Ill. Reg. 3255, effective March 1, 1993)

Persons Required to Participate in Project Chance (Repealed) Section 114.121

All-recipients-ef-Transitional-Assistanse-in-a-program-administered-by-the Department-shall-be-required-to-partidipate-in-employment-and-training рғөдғаты - ас-а-өөлді ейен-еб-еді діріді еу-мі ер-ебе і бей бөмі пу-емеер ейены

- Individuals-age-60-er-over+ +e
- Family-Assistanee-program-in-which-ease-such-persons-shall-be-subjest Individuals-receiving-General-Assistance-through-the-Children-and te-89-111*-Adm.-Gede-112.70-through-113.76-(AFDC-Project-Chance t e
- medically-unable-to-participate-in-employment-and-training-programs-Individuals-found-chronically-medically-unable-to-participate-in employment-and-training-programs---An-individual-is-shronisally ¢e

93

NOTICE OF ADOPTED AMENDMENTS

Section 114.121(c) (continued)

- e) Individuals-who-are-partioipating-and-gooperating-in-a-rohabilitation service-program-under-Section-114,123+
- £) Persons-who-are-temporarily-ill.
- 1) An individual-is-temporarily-illy-when-determined-by-the Department--on-the-basis-of-medical-evidende-or-on-another-sound basis-that-the-illness/injury-is-serious-enough-te-temporarily prevent-the-individual-from-engaging-in-employment-or partialpating-in-Project-Chance, -A-sound-basis-for-enemption-on a-temporary-basis-in-debudos-but-is-not-limited-test-enemption-on
- A) the-observation-of-a-east-on-a-broken-leg;-or
- B) information-of-a-schoduled-surgery-or-recuperation-from surgery.
- 3) Minor ailments and injuries such as colds, broken fingers or rashes are normally not serious enough to enempt the individual under this criterion.
- g) Porsons-who-have-another-household-member-who-requires-the-full-time care-of-the-tlienty-and

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.121 (continued)

- h) Persons-who-are-full-time-VISTA-volunteers-under-Title-I of-the-1973

 Domestie-Volunteer-Services-Aet-(43-U.S.C.-4951-et-seq.)-who-were-a

 recipient of public-assistance-under-Article-VI-sf-the-Illinois

 Publid-Aid-Gode-(Ill-Yev--Starv-1980,-eh--33,-pars--6-1-et-seq.)

 when-they-joined-VISTA,-or-are-a-full-time-volunteer-under-Title-II

 fivery-foster-grandparentsy-senior-loalth-aidesy-senior-companions,

 or-persons-serving-in-the-Senior-Or-pealth-aidesy-senior-companions,

 or-persons-serving-in-the-Senior-Or-pealth-aidesy-senior-companions,

 dis-Uys-Cy-637-et-seq.)-y-
- (Source: Repealed at 17 Ill. Reg. 3255, effective March 1, 1993)

Section 114.124 Employment and Training Participation/Cooperation Requirements (Repealed)

- a) The-Department-shall-establish-employment-and-training-programs-for rectablents-in-General-Assistance-programs administered-by-the Department---All-General-Assistance-recipients-net-enet-under Sedtion-114*121; shall-participate-and cooperate in-Department employment-and-training-programs, --The-client-will-be-given-in writing-the-participation-requirement the-client-will-be-given, in writing-the-participation-requirements the-client-will-be-given, in the-client-will-be-given, in the-client-in-component-te-which the-client-in-component-te-which
- 1) Job-Search+
- 3) Рее-Бираеужевея
- 3} Job-Club;
- 4} Werk-Emperience;-and
- 5} Speeial-Prejeets.
- Eraining programs-for-up to five (f) days per week and forty (40) house-per-week. -The-amount of time the client is required to partiable to be seen and forty (40) house-per-week. -The-amount of time the client is required to partiable-in-the-employment-and-training-programs-shall-not-be limited-by-the client's grant amount of by the pointing of the quantamount-to the house of partiable amount-to the manner of partiable manner wage, everet that work experience jobs shall be immited to house reflecting the grant amount, food stamps and minimum wage as defined in Rection 1144-437(4)(4).

NOTICE OF ADOPTED AMENDMENTS

Section 114.124 (continued)

- A-mandatory-registrant-is-reguired-to-partisipate-in-Projest-Ghanse + 8
- Chance-is-defined-ac-providing-information-on-the-individual-c family-problems,-ete.},-appearing-fer-seheduled-meetings,-and background, -education-level, -werk-history-as-well-as-factors өөмр1у1нд-и1th-the-гөди1гөменts-өғ-Рғөјееt-Сhанее-өөмрөненts requirements-(e.g.,-health,-physigal.er-mental-limitations, Сөөрөгаting-with-Project-Chance.--Сөөрөгаtion-with-Project ағ Еевtінд-етріоуарііі ty-оғ-аріііty-to-төөt-рағ tidipatien identified-in-Section-114-127-**←**₹
- to-make-twonty-{20}-addoptable-omployer-dontadts-in-overy-thirty Job-Gontaets-in-Job-Search---Mandatory-registrants-are-required (30)-ealendar-days-while-in-the-Job-Search-component. 5
- Ten-(10)-ef-the-twenty-(20)-reguired-contacts-must-be either+ ¢γ.
- the-gompletion-and-return-of-an-application,-or **† †**
- а-£аве-tе-£аве-інtегуівм-міth-ан-емрівувг
- Тве-ғемаінінд-tен-(10)-сенtасtс-мау-ве-апу-семвінаtіон-е the-fellowing+ B
- the-сомр1еtion-and-return-оf-an-app1ication≠ **(**†
- а-£аве-tө-£аве-interview-with-an-employerf ***
- өм<u>р</u>≟өумеве-w≟th-State,-Бөва≧,-өғ-Fөdөға1-Gөvеяямевt≠ the-gompletion-of-a-givil-service-test-required-for **+*****
- the-sempletien-ef-a-Jeb-Servise-sereening-test **†**∧**†**
- the-mailing-ef-a-resume-with-a-вөvering-letter-te-an ежь төже т \$
- £Өғ-ий±өй-жежbеғб-±й-дөөд-бtайдұйд√-ғерөғt±ид-tө-the union-hall; **↑**₹**↑**
- vii) reperting-te-a-day-laber-hall,-and
- viii} reporting-for-temporary-offies-service.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.124(c)(2) (continued)

- Авверtаble-венtавts-аге-dosumented-by-written-statements рғеуідед-te-the-Prejest-Chanse-Werker-by-the-registrant-Тне-Ргејеве-Сћапве-мегкег-мау-чегі£у-еhе-јев-вепезее-bу вентавтінд-тре-емріеует ŧ9
- appropriate-number-of-job-gentagts-if-the-glient-has-made-a number-and-types-ef-вонtавts-is-based-en-all-the-fasts-and elient-has-made-a-good-faith-offort-to-mako-the-roquirod gөөd-£а≱th-ө££өгt-tө-жаке-thе-jөb-өөпtаөtv--Whether-а No-elient-shall-be-sanctioned-for-failure-to-make-the езгеште саноев-об-еасы-еабет t a
- өөиегө1-өе-ене-е11еие-ргечеие-е11еие-е11еие-Егом-жакінд-ене 300d-£аith-е£fort-онists-when-eiroumstandes-beyond-the required-number-ef-sentasts.--Good-faith-effert-may inelude, -but-is-net-limited-te-the-fellewing+

山

- the-elient-appears-fer-a-scheduled-interview-and-the емрісуют-мівбев-the-арреінtменt **† †**
- the-elient-has-less-than-twenty-(20)-gentagts-andler өаже-ғеабонаЫУ-с1обе-tө-thе-ғоquiғеd-выжbеғб-in-аn less-than-ten-(10)-interviews-er-applications,-but Offort-to-find-work; **+ * ***
- the-elient-fails-a-eivil-servise-er-ether-employment Bereening-test; **(******
- the-elient-completes-an-application-which-is-not aggepted-by-the-employer,-and **★**▲#
- General-Assistant-gomponent-under-Segtions-114+122-and the-elient-s-job-searsh-performanse-indicates-that-he should-be-in-a-different-Project-Chance-component-or **☆**
- Responding-te-a-jeb-referral-ef-suitable-empleyment-(i.e-a written-statement-referring-a-mandatery-registrant-te-an емр1оуег-бөг-а-брее1£16-рөб1€10п≯≯ ¢€
- Aeeepting-a-bena-£ide-e££er-e£-suitable-employment---A-mandatery registrant-must-be-given-the-opportunity-to-emplain-why-an-offer ө€-өтр1өүтеп€-маб-по€-аеверtед• 44

NOTICE OF ADOPTED AMENDMENTS

Section 114.124(c)(4) (continued)

- confirmation-from-the-prospective-employer-at-wages-meeting A-bena-fide-effer-ef-suitable-employment-is-where-there-was any-applicable-minimum-wage-requirements-and-which-are інғегмаціон-өрцаінед-бгем-the-Department-өб-Бмріоумен eustemary-fer-such-werk-in-the-community,-based-on a-definite-offer-of-employment-substantiated-by Security - and ₹¥
- Suitable-employment-must-meet-the-following-reguirements+ (m
- £еғ-жедіеаі-ғеабөнб-өғ-bесацбе-hа-hаб-нө-way-te-get-te registrant-s-inability-to-engage-in-such-employment there-are-no-questions-as-to-the-mandatory or-from-the-particular-job; ÷ +
- there-are-ne-questions-ef-werking-conditions,-such-as risks-to-health,-safety,-or-lack-of-worker's compensation-protection; **+** * *
- iii) waqee-offered-must-be-at-least-the-Federal-minimum wage,-the-State-minimum-wage,-er-\$3,35/heur-(if neither-the-Federal-ner-State-minimum-wage-is applicable);
- ажение-ене едіене-еан-геабенавіу-ве-еирестей-се-еаги if-the-wages-are-effered-en-a-piese-rate-basis,-the must-equal-the-wages-as-eutlined-in-Section 114-124(a)(4)(B)(iii)-above; **÷**∧+
- refrain-from-joining-any-legitimate-labor-organisation; the-mandatory-registrant-may-net-be-required,-as-a eendition-ef-employment,-te-jein,-resign-frem,-er 4
- there-is-no-unreasonable-degree-of-risk-to-the mandatory-registrant's-health-and-safety;-and (# A
- vii) the-mandatory-registrant-is-physically-and-mentally еомретель темпретрети
- Registering-and appearing for any subsequent-interviews, at-the Department of Employment Security's Job. Service-offices. 19
- Additionally, after registration is completed, those-Project-Chance mandatory registrants -who-are employed-must. 4
- continue their employments and **†**

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.124(d) (continued)

- not-reduce-their-employment-(i-ev-r-voluntarily-reducing-work hours), 48
- Failure-to-participate/eooperate-with-the-Project-Chance-requirements listed-in-this-Section-will-result-in-sametion-as-outlined-in-Section elient-has-not-received-a-£ull-assessment-and-£ails-to-cooperater-the 114-128,-if-the-elient-has-been-provided-a-full-assessment,--If-the elient-shall-be-ealled-in-to-receive-a-full-assessment, (e)

(Source: Repealed at 17 Ill. Reg. 3255, effective March 1, 1993)

Employment and Training Program Orientation (Repealed) Section 114,125

- A-nonemempt-adult-must-partieipate-in-Projest-Chanse-as-a-reguirement registration-is-eempleted,-the-mandatery-registrant-shall-attend-a of-eligibility-for-General-Assistance.--After-Project-Ghanse Project-Chance-Orientation-meeting(s). t e
- ean-benefit-from-Orientation,--The-letter-shall-inglude-the-fellowing of-the-Project-Chance-components-if-it-is-determined-that-the-client partieipate-in-an-Orientation-meeting-prior-to-being-assigned-to-ene requesting-that-he/she-attend-a-Project-Chance-Orientation-meeting. General-Assistange-is-approved-or-an-екеmpt-elient-velunteers-for Within-thirty-(30)-days-from-the-date-a-elient-s-application-for In-addition,-other-Project-Chance-elients-may-be-required-to Project-Ghance,-Project-Ghance-will-send-the-elient-a-letter informations **∮ q**
- the-fact-of-the-person-s-registration; ∱Ŧ
- the-right-te-request-an-enemption,
- a-complete-deseription-of-all-available-enemptions,
- the-date-and-time.ef.the-meeting, 44
- а-весеттретен-об the-реодгая-анд the ригроке оf the жееттиду 6 }
- the eensequences of failing to attends t 9
- the right to reschedule the appointment with good causes 1 1
- the right to request transportation services to attend; and œ.
- the printed name of the person to contact for such purposes.

-2777 100

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC AID

ILLINOIS REGISTER

Will Will to

NOTICE OF ADOPTED AMENDMENTS

Section 114.125(e)(1) (continued)

114-129), -General-Assistange-shall-be-disgentinued-for-the

assistance-unit.

- mooting-on-two-separate-ossasions-but-has-good-sauso-on-at-loast one-occasion-(see-Section-114.129),-General-Assistance-shall-be reinstated-(if-gangelled)-and-the-mandatery-registrant-shall-be If-the-mandatery-registrant-fails-to-attend an-Orientation reimbursed-for-any-General-Assistance-lost. 3
- General-Assistance-shall-be-reinstated-effective-the-date-of-the subsequently-attends-an-Orientation-meeting-previded-the-date-of agroomont-falls-on-or-before-the-last-day-of-the-fissal-month-of full-assessment-(as-emplained-in-Section-114v126)-as-part-ef-the subsequently-attend-the-Orientation-meeting,-shall-reseive-a the-dissentinuanse. -- Glients-whe-sign-an-agreement-and-whe dissentinuanse-if-the-mandatery-registrant-agrees-te-and Orientation-session-3 }
- The-Department-shall-attempt-to-sohedulo-the-Orientation-meeting on-the-day-that-the-mandatory-registrant-agrees-te-attend-such Orientation, or as soon thereafter as possible. 4 }

Repealed at 17 Ill. Reg. 3255, effective March 1, 1993) (Source:

Process/Development of an Employment Plan (Repealed) Employment and Training Program Full Assessment Section 114.126

- Full-Assessment-and-Employment-Plant e
- All-mandatory-registrants-shall-underge-a-full-assessment-te фе∨е⊥ор-ан-емр⊥оуменt-р⊥ан-† †
- limitations,-family-problems).--In-addition,-facts-relevant-to-a ememption-shall-be-elicited...-As-part-of-the-assessment-process. to-establish-the-employment-plan-and-to-identify-any-supportive mandatory-registrants-and-Department-staff-shall-work-tegether The-full-assessment-shall-inglude-eellestion-ef-information-on participate-in-employment-and-training-and-meet-the-objectives the -individual -s - background, -education - level, -werk - history - as partieipation-requirements-(e.g.,-health,-physiaal-or-mental well-as-factors-affecting-employability-er-ability-to-meet service-needs-required-to-enablo-mandatory-registrants-to determination-of-whether-the-individual-qualifies-fer-an of-their-employment-plan-(see-Section-114-130). 45

Section 114.125 (continued)

- registrants,-and-emplaining-its-eentents,-The-Project-Ghance-beeklet mandatory-registrant-as-to-Preject-Chance-partigipation-reguirements, The-Orientation-meeting-begins-the-Job-Search-component-(see-Section 114.127>-only-for-those-mandatory-registrants-at-that-time-assigned to-Job-Search-and-consists-of-Project-Chance-staff-informing-the distributing-a-gopy-of-the-Project-Ghance-booklet-to-mandatory Gentains-program-information-ingluding-the-following+
- an-overview-of-Project-Chance, 44
- the-енетрыен-егісегіз-дівсес-іп-Бескіоп-114-1219 3
- a-deseription-of-all-Freject-Chance-components,-eligibility oritoria,-and-specific-participation-requirements-for-each евтрепен + 46
- general-partisipation-roquiroments-i+0+,~appearing-for-scheduled referral,-addepting-a-bona-fide-offer-of-suitable-employment meetings-with-Projest-Chanse-staff,-responding-te-a-job (see-Seetien-114,124); 44
- the-mandatery-registrant-s-responsibilities-while-in-the-Job Seargh-gempenent-(see-Segtion-114+127); **†**9
- the-Job-Seareh-allowanse-and-the-ether-Support-Servises €9
- identified-in-Section-114-130+
- the-full-assessment-presess-and-employment-plan-(see-Sestion 114-136)+-and **†**8

information-on-what-eenstitutes-an-aeceptable-employer-eentaet/

tt

- the-result-ef-the-mandatory-registrant-s-failure-te-seeperatewithout-good-eause-with-Frejeet-Chanser **†**6
- In-addition, job-seeking-skills-energises-are-gondugted-and-mandatery registrants-are-given-a-pre-printed-form-with-standard-partisipation requirements-fer-the-component-to-which-they-are-assigned. d)
- Mandatory-rogistrants-must-attend-all-Orientation-meetings-or-notify their-Project-Ghance-werker-ef-good-cause-to-be-ercused-and-have their-meeting-rescheduled-(see-Section-114-129). **6**
- If-a-mandatory-rogistrant-fails-to-attond-an-Oriontation-meeting on-two-separate-essasions-without-good-sause-(see-Sestion-†ŧ

NOTICE OF ADOPTED AMENDMENTS

Section 114.126(a) (continued)

- The employment plan-shall-sentain-at-least-the-fellowing. 400
- the -employment-related-objective, + V
- еће-Рғојееt-Сhаnее-еөжрөмемt-р≟аеежемt≯ B)
- the-supportive-services-that-must-be-provided-or-arranged; and ¢ þ
- a-statement-that-the-supportive-services-have-been-provided emplanation-of-specific-arrangements-and-services-provided. by-the-Department-or-otherwise-arranged,-ineluding-an †a
- The-full-assessment-shall-take-place-at-least-at-the-following-times+ f q
- at-the-end-of-the-initial-sinty-(60)-day-Job-Seareh-period,-if the-mandatory-registrant-who-has-been-assigned-to-job-seareh, has-not-obtained-employment-(see-Seetion-114-127); + + +
- during-the-initial-Job-Searsh-period-if-the-mandatory-registrant has-supportive-service-needs-or-is-not-adequately-partieipating in-Job-Search-(i.e.r-by-net-attending-group-meetings-er-making the-required-number-of-job-contacts}; 5
- prior-to-deferring-partieipation-in-tho-Job-Seargh-eemponent-for diploma-or-who-are-involved-in-an-education-or-training-program mandatory-reqistrants-whe-wish-te-obtain-a-GED-er-high-seheel at-the-time-they-begin-partisipating-in-Preject-Ghance.--In these-eases,-the-deexsion-to-defer-would-be-based-upon-the results-of-a-full-assessment; ÷
- at any-time-to-determine-their-suitability-for-Special-Projects or-any-other-eempenent-(see-Seetien-114+127)+ 4 4
- received-a-full assessment-will-receive-a-full-assessment-prior mandatory-registrants-eurrently-in-Prejest-Chanse-whe-have-net to-assignment-to-another-component---In-addition,-for-these individual-is-not-eooperating-with-the-requirements of the individuals, a full assessment-will-be-attempted-if-the program-(600-Sections-114,134 and 114,137); (9
- upon-gompletion-of-a-gomponent-agtivity,-mandatory-registrants will be reassessed, including a review of the employment plan and making appropriate - adjustments + - or €9
- upon the request of the elient. 10

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.126 (continued)

- The-mandatory-registrant-will-be-notified-in-writing-of-the-full assessment-meeting. -- The-notice-shall-inglude-the-following * n f o Fmat * On + +0
- the-date-and-time-of-the-interview, + T
- a-deseription-of-the-purpose-of-the-interview≠
- the-sensequences-of-failing-to-attend;
- the-right-to-re-cehedule-for-good-cause-(see-Section-114,129); 4 }
- the address, telephone number and printed name of the person to contact-for-such-purposes. £ \$
- During-the-full-assessment-meeting,-the-Project-Chance-werker-and-the problems - to-Project-Ghance-participation-will-be-identified -- Based on-the-£ull-assessment-and-the-eligibility-eriteria-for-eash-Prejest mandatory-registrant-will-assess-the-employability-of-the-mandatory registrant-s-education, training, employment-history and interests, eemponent-and-receive-component-specific participation-requirements registrant-and-develep-an-employment-plan-based-on-the-mandatery Supportive-service-needs-and-temporary-barriers-(e-g-y-r-family Chanee-component,-mandatory-registrants-will-be-assigned-to-a (see-Seation-114.137). †₽
- interview-or-to-comply-with-the-assessment-process-without-good If-the-mandatory-registrant-fails-to-appear-fer-an-assessment eause-{see-Seetien-114.129/,-General-Assistance-shall-be discontinued-for-the-assistance-unity + t
- If-the-mandatory-registrant-has-good-sause-for-failing-to-appear reinstated-(if cancelled) and the mandatory reqistrant shall be for an assessment interview or to comply-with the assessment process-(see-Seetion-114,120), General-Assistance shall-be reimbursed-for-any-General.Assistance-lost. 48
- last day of the fixed menth for which the discentinuation would failure to participate, cooperate in the assessment process shall discontinuance provided the date of agreement falls on or before be reinstated if the mandatory requistrant agrees to undergo a the last day of the fixeal menth for which the discentinuance would be effective. If the date of agreement falls after the full-assessment and the arrengment rubrequently takes place. General-Assistance-which has been dispentiused because of The - reinstatement shail he effective the date of the 400

Section 114.126(d)(3) (continued)

be-effective,-reinstatement-shall-be-effective-upen-geoperation.

- өөөрөгасө-эн-ске-бидд-авѕөвѕжевс-өг-ав-вөөв-скееабсег-ав Тhe-Department-shall-attempt-te-sehedule-the-авызыны interview-en-the-same-day-that-the-registrant-agrees-te Pessible. 44
- өөмр1еtіен-ө£-thе-£u11-аssessment-рғөөөss.--А1sө,-нө-мандаtеrу registrant-shall-be-sandtioned-fer-nondooperation-with-Project Снапее-when-the-alleged-попсорогаtion-is-based-in-whele-or-in part,-en-any-aet-er-emissien-ef-the-mandatery-registrant-which өөөикв-рғіөк-tө-thе-өөмріеtіоп-об-thе-full-аббөб6мемt-ркөөөб6⊤ 114.128}-fer-mendeeperation-with-Preject-Chance-prier-to No-mandatery-registrant-shall-be-sanetiened-(see-Seetien ₹9
- discontinuance-of-General-Assistance--due-te-failure-te-co-mply-with specificity,-the-action-being-taken-and-the-reasons-for-the-action, the-acts-constituting-the-noncompliance-and-the-date-of-such-acts. this-Section-or-Section-114.124(e).--The-notice-shall-state.-with Assistanse-without-loss-of-benefits-upon-the-sonditions-stated-in The-netiss-shall-also-state-the-right-to-be-restored-to-General The-mandatory-registrant-shall-be-netified-in-writing-ef-the this-Section-and-Section-114-124(e). **(**e)
- Project-Ghance-participation-shall-not-be-required-in-the-event-that plan-are-needed-fer-effeetive-partiepation-but-are-unavailable-from supportive-services-or-other-resources-identified-in-the-employment the-Department-өг-£гөм-бөме-геаѕенаЫ¥у-а∨а≟1аЫ≜е-бөчгөө▼ ₹

(Source: Repealed at 17 Ill. Reg. 3255, effective March 1, 1993)

Employment and Training Program Components (Repealed) Section 114.127

- Jeb-Seareh t e
- meetings-ineluding-pre-arranged-Job-Skills-Workshops-conducted by-other-than-Preject-Ghance-staff,--The-mandatery-registrant meetings,-without-good-sause,-will-sonstitute-nonsooperation, All-mandatory-registrants-must-partieipate-in-the-Job-Seareh (JS)-sempenent-ef-Preject-Chance-unless-they-are-appreved-te participate-in-another-Freject-Chance-component-based-on-the will-be-netified-in-writing-ef-all-scheduled-meetings---The oomponent,-mandatory-registrants-must-attend-all-scheduled £ailure-of-a-mandatory-registrant-to-appear-for-seheduled oliqibility-eriteria-of-that-component---During-the-JS ₹ŧ

ILLINOIS REGISTER

Will shill so

3276

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.127(a) (continued)

- aause-prior-to-assessment,-shall-be-immediately-scheduled-for Registrants-who-£ail-te-seeperate-in-Job-Searsh-without-good assessment --- Registrants-who-fail-te-ecoperate-in-Joh-Seareh Mandatory-registrants-may-be-reguired-te-partielipate-in-Jeb without-good-gause-after-assessment,-shall-be-sanstioned-as Seareh-beth-befere-and-after-the-assessment-preess. emplaimed-in-Section-114+138+ 48
- aeeeptable-employer-eentaets-every-thirty-(30)-days)--No-elient shall-be-sanctioned-for-failure-to-make-the-appropriate-number of-job-gontagts,-if-the-glient-has-made-a-good-faith-effert-to The-mandatery-registrant-is-reguired-te-actively-centact өмрівуека-іп-һіс√һек-еббекка-кө~ѕөвикө-емрівуменк-(ічет mandatory-registrants-are-reguired-te-make-twenty-(30) make-the-job-gentagts-(see-Segtien-114-124(g))-48
- At-the-end-ef-the-Job-Search-period,-these-mandatery-registrants the-Job-Searah-aomponent.---After-a-altient-has-been-placed-in-Job history,-market-factors,-регова2-situations-and-enperiende-in will-gontinue-in-Job-Search.--Employability-is-demonstrated-by who-have-net-found-a-job,-but-have-demonstrated-employability Search-two-consecutive-times,-the-client-will-be-placed-in-a different-component-before-being-placed-in-Job-Search-again. the-mandatory-registrant-s-edusation,-training,-employment 44
- Рғе-Емр1еуменt ψę

services-te-registrants-te-increase-their-employment-petential-and-te romove-signifiant-barriers-to-omployment...-Mandatory-registrants-may adtivitios-(irer-Job-Training-Partnorship-Adt-(JTPA)-and-Department rehabilitation-therapy,-and-ageneies-or-pregrams-which-spensor-such Mandatery-registrants-who-are-determined-net-employable-er-employed and-in-need-of-further-training-are-referred-to-the-Pre-Employment oomponent,---In-the-Pro-Employment-domponent,-Projest-Ghanse-staff provide-information,-referral,-ecounseling-services-and-supportive be-referred-to-testing,-counseling-and-education-recources, of-Rehabilitation-Services-(DORS)),

Eligibility-Griteria

Approval-of-education-and-training-plans-is-based-upon-the Department-s-assessment-ef-the-fellowing-fastors+

registrant-empleyable,-taking-inte-sensideration-the-time-The-program-selected-will-lead-te-making-the-mandatery ŧ

63

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.127(b)(1)(A) (continued)

required-to-complete, the over all-cost and quality-of-the program-(see-Seetien-114-127(a)(4))

- interest-necessary-for-success-in-the-particular-education or-training-program-(as-determined-by-such-factors-as-test results, educational background and previous-training); The -mandatery-registrant-has-the-aptitude,-ability-and **€ B**
- Education-or-the-Department-of-Professional-Regulation-or institution-aceredited-by-the-Illinois-State-Board-of is-a-Job-Training-Partnership-Act-(JTPA)-or-Special The-program-must-be-administered-by-an-educational Prejects-funded-program, £ 3
- the-mandatory-registrant-may-be-eligible---Sueh-funds-shall Тhe-mandatoxy-registrant-must-apply-for-the-Pell-grant-and identified-by-the-education-or-training-facility-for-which be-еметрt-from-сопсideration-аs-income-to-the-entent-they under-an-approved-Project-Chance-education-and-training tuition-and-fees,-previded-the-elient-is-partieing are-used-to-pay-educational-empensesy-such-as-booksy Commission, as-well-as, any-sehelarships-er-grants sehelarships-from-the-Illineis-State-Sehelarship ήđ
- need-of-further-training,-(0,q,,,a-Day-Gare-Aide-who-must obtain-further-education-to-satisfy-the-requirements-for diploma-or-a-GED-eertifieate-or-possesses-one-and-is-in The-mandatery-registrant-dees-net-pessess-a-high-seheel that-pesition); E)
- determined-by-the-Department-of-Employment-Segurity-s-Job education-or-in-a-vecational-training-program-fer-which The-mandatery-registrant-is-enrelled-in-pest-sesendary jobs-will-be-available-upon-completion-of-training-(as Service-Division-and/or-other-decumented-and-reliable Community Affairs and/or the placement officer at an sources-fergar-Herisons,-Department-of-Commerce-and education-institution-or-facility]); Ė
- Department of Rehabilitation Services sponsored-program-of Enrollment eannot be in a baccalaureate or post-graduate degree-program-unless-the-mandatery-registrant-is-in-a this type, €

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.127(b)(1) (continued)

- Мандатоку-кедівтелите-жибт-раттівірате-ін-а-£ull-time Program-unless+ Ĥ
- a-£ull-time-program-is-not-available-(e-g-r-a full-time-GED-program-is-met-available) +-or 4.
- а-ракt-time-ртөдгам-is-the-mөst-арртөртiate-(e-g-r-the mandatory-registrant-who-он!у-пеедs-а-four-(4)-hour eeurse-te-cemplete)+
- Employed-registrants-may-participate-in-programs-to-upgrade their-employability-petential-fergrr-a-Nurse-Aide-whe-must obtain-further-training-to-satisfy-the-requirements-for that-position). † ±

Баску-засо-све-Семреве 5

the-joint-employment-plan-developed-by-the-mandatery-registrant The-assignment-into-the-Pre-Employment-eemponent-results-from and-the-Project-Ghance-werker (see-Section 114,126).

Partieipation-Requirements 3

- satisfactory-progress-as-established-and-reported-by-the The-mandatery-registrant-must-maintain-a-level-sf edugational-fagility. A.
- elasses-three-(3)-times-in.a-thirty-(30)-day-peried-without ражевеврасе-місьоце-доод-ванке ін-едаккек ак дебінед- Бу. Све education-or training facility shall result in-a sanction, Failure-of-the-registrant-to-attend-training-er-education good-eause-shall-result-in-a-sanetion. -- Failure-to B }
- approval of the Project Chance werker, Prier approval will Gurrieulum-changes ean be made only-with the prior written be-granted-when the entrieulum change is consistent-with the-written-goals of the training program, €)
- educational records and reports prepared at the one of the transportation to enable the elient to participate in the Pre Employment antivity, the client must provide monthly The elient must provide veriffication of attendance and term). Additionally, it the Department is paying for progress (1.0., statements staned by the instructor, verstseation of his attendance, t a

Section 114.127(b) (continued)

Contact-with-Registrants 4 }

servise-рауменts-еr-reseiving-these-рауменts-from-another-seurse require-a-contact-every-sim-{6}-months-er-at-pregram-completion, 114.130-are-being-issued. --Rogistrants-not-reguiring-supportive basis-if-the-supportive-service-payments-identified-in-Section The requistrant enntants the Project Chanse-werker-on-a-monthly whichever-eemes-first.

Availability-of-Slots €9

available, the elient will-not be required to partiolpate in y окрек-Ргезова Срапее-ветропепк-мізье-мазкзид-бек-ап-арргеркзаке Pre-еmployment-сомронеnt,-but-there-are-no-apprepriate-slots If-the-Department-determines-the-elient-should-be-in-the б10€-€0-Весеме-ауаі}аВ1€т

Jeb-Glub ŧÐ

need-of-highly-intensified-job-search-skills-are-referred-te-Job-Glub approach-to-teach-job-finding-techniques...Job-search-activities-must Job-Glubs-are-programs-designed-to-facilitate-job-search-activities Mandatory-reqistrants-who-are-determined-employable-but-who-are-in (i.e.,-Job-Glubs-gendueted-by-JTPA-and-Adult-Edugation-Programs). Job-Glub-utilises-a-highly-intensive-and-positive-group-process be-equivalent-te-these-required-in-the-JS-вемрененt-

Eligibility-Griteria **†**

The-Jeb-Glub-component-is-fer-mandatery-registrants-determined te-bet

- determined-by-such-sources-as-the-Department-e£-5mpleyment Employable-(see-Seetion-114,127(a)(4)),-with-a-marketable Skill-(irerra-6kill-for-which-jobs-are-available-as Seeurity. + - and φ
- approach-to-job-seeking-(e.g.,-the-mandatory-registrant-is Able-to-benefit-from-a-highly-intensive-and-structured in-need-of-job-seeking-skills) +-or B
- Interested-in-the-technique-employed. Ġ
- Биску-жисо-сhе-Сомроненс 33

LLINOIS REGISTER

OF CHILLY TO

9380

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

(continued) Section 114.127(c)(2)

assigned-to-this-component,---Those-mandatory-registrants-having A6-Job-Glub-slots-become-available,-mandatery-registrants-are factors-as-the-mandatory-rogistrant-s-work-history-will-be the-mest-regent-employment-taking-inte-gensideration-such assigned-first,

Partigation-Requirements €e

- Non-onempt-mandatory-registrants-assigned-to-this-component sanction.--Failure-to-attend-one-job-search-session, must-eeeperate-as-required-by-the-Job-Glub-te-aveid without-good-cause,-shall-result-in-a-sandtion. A.
- Mandatory-registrants-must-be-in-full-time-attendanee-as defined-by-the-Job-Glub. B

Job-Search-Requirement 44

- As-in-JS,-mandatory-rogistrants-are-roguirod-to-make-twenty (20)-aeeeptable-employer-eentaets-(600-Seetion-114+124)-in өтр10ует-вопtавt5-а5-төquired-by-the-Job-Glub.--Failure-to However,-no-elient-shall-be-sanetioned-for-failure-to-make таке-twenty-aeeeptable-employer-eentaets-in-a-thirty-{30} day-period, or make-employer-contacts-as-required-by-the the-appropriate-number-ef-job-contacts-if-the-elient-has made-a-geed-£aith-effert-te-make-the-jeb-gentagts-(see a-thirty-(30)-day-period,-or-make-a-greater-number-ef Job-Club,-without-good-eause,-results-in-a-sanstion, Section-114,124(e)). A
- dөситепtаtiоn-оf-авеерtаble-өтрlөүег-вөпtавts-(see-Seetion Mandatery-registrants-are-required-te-provide-the 114.124}-required-by-the-Job-Glub-staff. Ť

Gentaet-with-Registrants **£**

Chanse-werker-may-schedule-a-meeting-with-the-registrant-te gomponent,...After.sugh.gontagt,.if..it.is.determined-by-the monthly-basis-to-verify-full-time-attendance-and-the-noed need-net-be-face-te-face.--After-such-review,-the-Freject determine-the-registrant's-continued-eligibility-fer-thic Reqistrants-are-to-contact-the-Project-Chance-worker-on-a for-supportive-services-(see-Section-114-130)----Contact registrant-ne-lenger-satisfies-the-eligibility-eriteria specified-in-Section-114,127(c)(1),-the-mandatoryregistrant-and-the-Project-Chanse-werker-that-the ¥¥

NOTICE OF ADOPTED AMENDMENTS

Section 114.127(c)(5)(A) (continued)

registrant-will-be-reassigned-to-another-component-of Ргојесе-СравсеJob-Glub-staff-shall-advise-the-Project-Shance-worker-of-a elient-6-failure-to-partidipate-as-the-situation-arises, B

Wеғk-Биреғ≟евее ₫)

elient-with-a-meaningful-werk-emperience---The-werk-emperience-shall referred-to-the-Work-Buperience-component, --This-is-to-provide-the not-use-Work-Emperience-mandatory-registrants-to-displace-regular Mandatory-registrants-who-have-not-found-employment-and-who-need prevent-deterioration-of,-or-to-enhance-enisting-skills,-may-be orientation-to-work-work-emperience,-or-training,-in-order-to ежр}еуеев.

Eligibility-Criteria **₹**₹

The-werk-Euperience-component-is-fer-mandatory-registrants determined+

- registrant-6-educational-background-and-previous-training, taking-into-consideration-such-factors-as-the-mandatory to-have-me-recent-werk-histery-er-employer-references ₹ V
- to-need-emperience-to-prevent-deterieration-efr-er-to епнапее-еизстанд-бкілдь-(етдтт-сурінд)-B

Бисту-інсе-све-Семренен 4

- education,-training-and-employment-history,-may-be-assigned to-the-Work-Euperience---Procedures used in-the-assessment and-a-review-of-all-available-information-on-the-mandatory are-a-fase-to-fase-meeting-with-the-mandatory-registrant registrant-(including-but-not-limited-to-the-mandatory Бирегіевне-семреневі-забей-оп-ав-себсяеві-об-сьеіг Registrants-who-are-determined-eligible-fer-the-Werk registrant's ease-recerd; * Y
- plassifipations which includet . Clerical Aide, -Dietary-Aid, Maintenange Aide, and Program Aide. Mandatory registrants shall be placed in any of the classifications, considering to-the-entent-pecsible,-their-prier-training,-prefisendy, emperiones, skills, and vecational-preference, -Mandatery The-Work-Emperience-is-subdivided-inte-Work-Emperience 18

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.127(d)(2)(B) (continued)

subdivision-taking-into-consideration-such-factors-as-the registrants-will-be-selested-from-the-appropriate mandatory-registrant-6-werk-histery-

Partieipation-Requirements 3

- institutions. -- (The date the registrant is te appear at the registrant-is-required-to-werk-not-mere-than-the-number-ef eempleted-within-a-30-day-peried-is-seventeen-and-ene-half be-eempleted-within-a-30-day-peried-is-seventy-(70)-heurs. 417-143}-heurs,-and-the-manimum-number-ef-heurs-that-must werk-assignment-begins-the-werk-assignment-perieds.}--The Assistance-grant-plus-Food-Stamp-benefits,-divided-by-the federal-minimum-wage ---If-the-registrant-is-also-a-member members-of-the-household-to-determine-the-number-of-hours Werk-assignment-eensists-ef-three-(3)-eenseeutive-menths. net-fer-prefity-private-er-government-ageneies-and-with person, -Food-Stamp-benefits-shall-be-prerated-ameng-all Assistance-and-Food-Stamp-benefits-are-not-reguired-to аббідямене. -- ТВе-жініжым-ным рек-еб-роцке-that-жысе-be Registrants-are-required-to-work-with-community-based of-a-Food-Stamp-household-consisting-of-more-than-one Glients-who-receive-less-than-\$58-a-month-in-General publie-er-private-education-and-vocational-training hours-that-correspond-with-his/her-level-of-General the-registrant-is-required-te-eemplete-in-the-werk A }
- bona-fide-offers-of-employment pursuant to-Section-114-134. Additionally,-mandatory-registrants-are-required-to-accept During-werk-assignment, registrants-may-be-reguired-to ракттенрате-ти-едиелттен анд-титину ргеятаяв. (B)
- Registrants-are-also-required-to-report-as-scheduled and on assignment-or if they-will-be-late, they-are-te immediately time-to-their-work-assignment-sponsor when notified-of-an аббудижень. -- Мнен-they-еанноt-герегт. to-their-werk HOELEY-their work - assignment spansar. €3
- Failure to report to the job assignment initially, without in a thirty day ported, without good cause shall result in good cause, failure to attend the work assignment one day a-Sanetien. t a

Job-Seareh 4 >

Section 114.127(d)(4) (continued)

eause,-shall-result-in-a-sanetion,-However,-no-elient-shall-be gontagts-if-the-glient-has-made-a-good-faith-effert-to-make-the oducation-and-training-programs-are-reguired-to-make-eight-(8} sanctioned-for-failure-to-make-the-appropriate-number-of-job Failure-to-make-the-required-employer-contacts-without-good Онғұнд-моғк-аббұ**диме**ме_т-гед<u>ұ</u>беғамеб-мhө-ағе-ие-ұм-аррғечед asseptable-employer-sentasts-in-a-thirty-(30)-day-period+ jeb-sentasts-(see-Sestion-114,124(e)),

Reassignment €9

the-glient-will-be-placed-in-a-different-component-before-being абвідвей-te-twe-(2)-депредитіче-Метк-Биретіспде-депропепts---If a-elient-has-been-in-Werk-Emperience-two-{2}-conscentive-timesr oriteria-doscribed-in-Soction-114,126,--If-continuing-the-work assignment-will-benefit-the-registrant-in-terms-ef-furthering Otherwise, -the registrant -will-be assessed for assignment-to another-Project-Ghance-component...-A-registrant-may-only-be At-the-end-ef-the-three-(3)-menth-peried,-the-registrantis өтрі бульі і і у-мі і - Бе-еча і пасей-изі пя- Еве-р ге вей и ге в werk-skills-(see-Section-114,124(e)(1)(A)-and-(B)),-the registrant-shall-be-reassigned-te-the-werk-assignment. р1авед-іп-Меғк-Бирегіенее-адаіп-

Displacement **†**9

- The-werk-assignment-Spenser-shall-net-use-mandatery registrants-te-displace-persens+ ¥¥
- whether-those-employees-are-en-aetive-status-er-are-en leave-status-due-te-disability,-persenal-reasens,-er part-time-employees-of-the-Sponsor,-regardless-of who-ате-аттеафу-емріоуед-аб-тедиіат-£ull-time-от any-other-reason, 4.
- who-are-or-have-been-involved-in-a-laber-dispute between-a-laber-erganimatien-and-the-Spenser,-er **₹₹**₹
- ±±±) who-have-been-temporarily-laid-off-by-the-Sponsor-
- Mandatory-registrants-er-their-representatives-may-file-a Department-to-consider-a-grievance,-it-must-be-in-writing grievance-with-the-Department-if-they-believe-their-werk assignments-are-eausing-displacement. --In-order-for-the and-eentain-the-fellewing-infermation+ B

ILLINOIS REGISTER

WILL TO

3284

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.127(d)(6)(B) (continued)

- the-name-and-address-ef-the-mandatery-registrant, i.e.,-the-grievant, 4.
- the-mandatery-registrant-6-publis-aid-sase-number; + * *
- iii) the-mandatery-registrant-s-seeial-security-number;
- iv) Work-Assignment-(work-site) +-and
- a-statement-as-te-why-the-mandatery-registrant bеlieves~he/she-is-ваньінg-displasement• 4
- Within-ten-(10)-days-of-receipt-of-a-written-grievance,-the Department-will-arrange-an-in-регооп-соптегенсе-with+ €9
- the-mandatery-registrant,
- the-mandatery-registrant-s-representative, if any, **+** * *
- iii) the-werk-assignment-Spenserf
- iv) the-werk-assignment-Spenser's-representative,-if-any,
- the-Department-s-representative-
- assignment-Spenser-any-deguments-and-statements-relevant-te the-matters-alleged-in-the-grievance---The-werk-assignment information-requested-by-the-mandatory-registration-and/or At-the-in-person-sonferense,-the-Department-will-solisit and-receive-from-the-mandatery-registrant-and-the-werk Sponsor-shall-provide-whatever-documents-or-otherере-Верағ€же툕 t a
- Within-fifteen-(15)-days-ef-the-in-persen-senferense,-the Department-will-advise-the-mandatery-registrant-and-the sonelusions-as-to-the-matters-alleged-in-the-grievance. моғк-ассідптепе-Ѕропсоғ-іп-меісіпд-оғ-the-іпғоғтасіоп obtained-in-the-investigation-and-of-the-findings-and E >
- Department-gengludes, as-a-result-ef-the-evidenge-presented If-the-Department-concludes-that-displacement-occurred-the eaused-displacement-by-use-of-Project-Chance-participantsat-the-conference,-that-the-werk-assignment-Sponsor-has Department-will-terminate-the-mandatery-registrant-s assignment-to-that-werk-assigment-Spenser--If-the F)

63

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.127(d)(6)(F) (continued)

Department-may-terminate-those-Project-Chance-participantsin-addition-to-the-mandatory-registrant,-then-the аввідимені-to-that-work-assignment-SponsorAll-mandatery-registrants-are-assured-that-no-retaliation емріоуеест-ек-the-werk-assignment-Spenser-fer-filing-a grievance-or-otherwise-proceding-under-this-policy. will-be-taken-against-them-by-the-Department,-its

€

Special-Projects (e)

time-limited-services-for-specific-target-populations---(The-location Mandatory-registrants-who-will-benefit-from-short-term-training-and ob-placement-assistance-are-referred to-the-Special-Projects of-Special-Projects-vary-depending-on-area-needs-and-project component. -- The - Special - Projects - component - offers - special availability.

Eligibility-Criteria ₹Ŧ.

The-Speeial-Projects-component-is-for-mandatory-registrants determined-to+

- (e-g.,-an-individual-who-has-the-interest-and-ability-to өөжріе се - ске-ткаіну-ргодгаж-анд-ре-нітод-ін-а-росісіон be-able-to-benefit-from-short-term-vocational-training for-which-he-has-trained); 4 Y
- training (e.g.r. training-for-a-specific-job-for-which-there be-readily-employable-with-the-addition-of-short-term are-jobs-available; -and - 00
- meet-speeifie-prejeet-entry-eriteria. €3
- Entry-inte-the-Component 48

Annignment-of-mandatory-registrants.te-Special-Projects-will-be made subsequent to participation in the full assessment.

- Participation Requirements 4 4
- training, without good-gause, as-specified-for-the-Special satisfactory attendance and progress-as established and reported by Special Projects..staff, .. Failure to attend The mandatory registrant must maintain-a-level of Projects, shall result in a sametion. ^ ∀

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.127(e)(3) (continued)

B

transportation-to-enable-the-elient-to-participate-in-the The elient-must-provide-verification-of-attendance-and recerds-and-reports-prepared-at-the-end-of-the-term)+ progress-4i.e.r-statements-signed-by-the-instructor Special-Projects-the-elient-must-provide-menthly Additionally, -if. the Department -is paying -for verification-of-his attendance.

Gentaet-with-Registrant 44

Section-114,130-are-icsued. -- Mandatory-registrants-not-requiring program-completion-whichever-comes-first, -Mandatery-registranteentaet-censists-of-attendance-reports,-progress-reports,-group monthly-basis-if-the-supportive-service-payments-identified-in тре-Ртојееt-Сранве-меткет-еенtаеts-mandatery-registrants-өn-а supportive-service-payments-or-receiving-these-payments-from another-source-require-a-contact-every-sim-(6)-months-or-at or-individual-sessions,-on-site-program-visits-and-written енттервиченее-

A-Preject-Chance-mandatery-registrant,-ence-assigned-to-a-compener, shall-not-be-sametioned for-mememperation-with Preject Chance-where the-alleged-nencooperation-is-based, -in-whole or in part, -on participation-requirements-not-listed-in-these-rules. **† #**

(Source: Repealed at 17 Ill. Reg. 3255, effective March 1, 1993)

Employment and Training Sanctions (Repealed) Section 114.128

- Glients-who-fail-to-cooperate with Project Chance shall-be subject to Sametion6. (P
- employment, and training, after having received a Preject Chance (3)-months for the first instance of non cooperation and for sin assessment-shall-be-ineligible-fer-General-Assistance-fer-three (6)-menths-for each subsequent instance of non cooperation. Persons-who-fail-to emperate with the requirements of ++
- ineligible for assistance, the remaining months of the sanction edigibility period expires betwee the turn name to applied pursuant to Section 114. 1(b), or the virent otherwise becomes otherwise is eligible to receive acceptance, it the elient's The-sangtion-chall-be-applied-to-months-fer-which-the-elient applies for and is determined otherwise eligible to receive will be applied beginning with the first month the olient 2

NOTICE OF ADOPTED AMENDMENTS

DEPARTMENT OF PUBLIC AID

ILLINOIS REGISTER

CAS OF THE SELVE

NOTICE OF ADOPTED AMENDMENTS

Section 114.128(b)(2) (continued)

- procluding-or-interrupting-participation-or-progress-in-the transportation, -family-eounseling-or-other-sesial-servies өғ-өтріөутепе-апа-еғаіпінд-бегүінев-бивр-ав-еебеіпд-өғ A-mandatory-rogistrant-refuses-to-accopt-child-care, өмр гоуменt-воинбе гид-without-good-ваибе,-thereby емріоутеве-ріав H +
- такө-thө-гөquirөd-twenty-{30}-өтрlөуег-өөпtаөtб-in-а-thirty ванеtioned...Баеh-missed-бөввiоn-is-вөмвidered-аn-instande of-non-cooperation,--Failure-of-a-mandatory-registrant-te (30)-day-peried,-shall-rosult-in-a-sanstien-(see-Sestiens Registrants-who-fail-te-sooperate-in-Job-Searsh-one-(1) time-without-good-gause-after-assessment,-shall-be 114-134(8)+--and-114-139++ €)
- attend-the-werk-assignment-ene-{1}-day-in-a-thirty-{30}-day A-registrant-in-the-Work-Enperiende-domponent-must-repert during-a-thirty-(30)-day-period---Failure-ef-a-registrant to-the-werk-assignment-every-day-seheduled.--Failure-to to-make-the-eight-(8)-required-job-contacts-in-a-thirty аввідижевт-ів-вопвідегод-ан-іпвтаво-от-поп-воорогатіон (30)-day-period-without-good-oause,-shall-rosult-in-a рекіод, ок-баі чке-tе-герокі-te-the-jeb-assignment initially-shall~result-in-a-sanetien.--Баей-missed sanetion-(500-Sections-114-124(0)-and-114-129); t d
- odugational.fagility.--However,-failure-to-attend-training реғіва-мітһеит-дөөд-ваибөт-бһаłł-ғебиłт-ія-а-баиетіөн-(бөө or-education-elasses-three-(3)-times-in-a-thirty-(30)-day After-a-mandatory-registrant-agrees-to-partieipate-in-a satisfactory-level-ef-attendance-as-established-by-the Рғе-Емр1еутепt-асtivity-hе/she-must-maintain-a Sedtion-114,139}; E
- The-mandatery-registrant-must-attend-all-Jeb-Glub-meetings without-good-cause-shall-result-in-a-sanstion:--Failure-of omployer-contacts-in-a-thirty-(30)-day-period,-or-failure seheduled. --Failure-te-attend-ene-(1}-jeb-seareh-sessien a-mandatory-registrant-te-make-the-twenty-(30)-reguired shall-result-in-a-sanction-(see-Sections-114+124(e)-and to-make-employer-contacts-as-required-by-the-Job-Glub, 44
- Failure-of-a-mandatory-participant-to-attond-training-as specified-for-the-Special-Projects,-shall-result-in-a **ване**€±ен. ŧ

Section 114.128(a)(2) (continued)

assistango,-unless-the-ellent-has-not-regeived-assistange-for-at least-12-menths-from-the-end-of-the-last-eligibility-period--in which-case-the-remaining-menths-ef-the-sanetion-shall-be eensidered-applied.

- have-received-a-full-assessment-and-who-refuse-or-fail-to-participate Sanetions-shall-be-impesed-against-these-mandatery-registrants-whe without-good-aauso-in-Projest-Chanse-(see-Seetion-114,129-fer-good eause) -d
- Sanetioning-will-result-from-one-(1)-instance-of-any-of-the fellewing+ **←**₹
- refusal/failure-te-respond-te-a-jeb-referral+ Ψ
- refusal/failure-te-aeeept-a-bena-fide-effer-ef-suitable empleyment-(see-Seetien-114-124)+ **1**00
- after-plagement-and-before-gangellation}-without-good-gause diseontinuing-suitable-employment-(including-quitting-a-job (886-Seetien-114-129); ŧ,
- ғедисінд-биісаріс-емріоумене-(і-п-ноикб-об-емріоумене) without-good-cause-(see-Section-114-129) +-or á
- use-ef-a-suppertive-service-payment-(see-Section-114*130) for-something-other-than-the-supportive-sorviss-for-whish ±t-was-previded. E)
- A-sanetien-will-be-impesed-when-a-mandatery-registrant-fails-te евтрју, - міtheut - дее саисе, - міth-the-fellewing-Prejeet-Ghanee requirements-on-one-(1)-ossasion,-unless-otherwise-indicated+ 4
- for-being-more-than-thirty-(30}-minutes-later-the-tardiness жөеting-өғ-ғө~sehedulе-the-mandatөғу-ғеgiьtғant-fer-anetheғ refuses-to-respond-to-a-written-notise-for-an-appointment∙ If-the-mandatory-registrant-аггічев-апуtіme-within-thirty mandatory-registrant-has-good-eause-(see-Seetion-114,129) will-be-ежечsеа•--Тhe-Projeet-Сhanee-werker-will-inelude mandatory-registrant-will-be-gensidered-present---If-the (30)-minutes-ef-the-start-ef-the-scheduled-mecting,-the the-mandatory-registrant-in-a-scheduled-group-or-other A-mandatory-registrant-fails,-without-good-gause,-or meeting; t

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.128(b) (continued)

- registrants-who-have-received-a-full-assessment-(see-Section A-Preject-Chance-sanction-shall-be-imposed-enly-en-mandatory 114-126-for-assessment-eriteria). 46
- sanetion-process-up-through-and-until-the-final-ageney-decision, ineluding-any-appeal-hearing,-even-if-net-previously-mentioned, if-the-mandatory-reqistrant-establishes-qood-eause-(see-Seetion A-Project-Chance-sanction-will-be-rescinded-at-any-level-of-the 114-129-fer-good-cause-eriteria). 4 }
- The-notice-of-change-form-issued-for-a. Project-Ghance-sanction shall-inglude-the-fellowing+ 19
- a-deseription-of-the-acts-of-noncooperation-with-Project Chance, - including dates - where - applicable - and Y Y
- without-qood-eause-(see-114,129-for-good-eause-eriteria) and-if-the-elient-provided-a-good-eause-reason-why-the a-statement-that-the-mandatery-registrant-s-aets-were reason-was-rejected. 48

(Source: Repealed at 17 Ill. Reg. 3255, effective March 1, 1993)

Good Cause For Failure to Cooperate With Work and Training Participation Requirements (Repealed) Section 114.129

- discontinued-or-the-General-Assistance-unit-shall-not-be-sanctioned▼ lf-a-elisent-has-good-eause-fer-net-eemplying-with-Werk-and-Training participation-requirements,-General-Assistange-shall-not-be Enamples-ef-geed-eause-include-but-are-net-limited-to+ (P
- illness-er-ingapagity, **†**†
- өөиге-геqизгеd-арреагансе-ог-tеmperary-indargeration,
- £amily-erisis 4 6
- death-in-the-family; 4.4
- suddоn-апd-илемресtеd-емегденеу≯ £ 9
- breakdown in transportation arrangements or-lack-of reasonably avaitable transportations 1 4
- inglement weathers ~

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.129(a) (continued)

- the-job-referral-dees-met-meet-appropriate-work-er-traing eriteria-(see-Seetion-114,136); 00
- lack-of-any-supportive-cervice-or-other-resource-as-determined by-the-employment-plan,-{see-Seetion-114,130},-еvен-though-the Chance to the entent the lack of the needed service presents a neeessary-serviee-is-net-specifically-provided-under-Project 6ignificant-barrier-to-participation, ŧ6
- is-consistent-with-the-employment-related-goals-of-the-program, if-an-individual-is-engaged-in-employment-and/er-training-that an-Orientation-meeting-because-he/she-is-already-attending-GED Chanse staff (ergr,-a mandatory-registrant-is unable-to-attend if-such-employment-and-training-is-later-approved-by-Project elasses)+ ±θ.
- failure-to-cooperate-due-to-symptoms-of-conditions-fer-which-the elient-has-been-referred-to-the-WRS-program; **₹₹**₹
- failure-of-Department-Gtaff-to-oorreetly-forward-the-information to-Project-Chance-staff; 13)
- approved-by-Prejest-Ghance.--When-Prejest-Ghance-werkers-know-in test-or-a-mandatery-elass-er-funetien-at-an-edusatienal-pregram (including-college),-whether-or-not-such program-is-officially advanse-of-such-tests-and-mandatory-elasses-or-functions,-they failure-of-the-elient-to-soperate-because-of-attendance-at-a shall-sehedule-Project-Chance-activitites-around-them-if POSS + blet 13 }
- failure-of-the-dient-due-te-the-elient-6-illiteracy, 14 t
- failure-of-the-client because it is determined that the client should-be in a different Project Chance component, in a WRS domponent-of-in-SSI-Advocacy+-of **1**8 }
- records, return of the native by the past attions alber returned statement from the past office or other intermed individuals the HOFFICE HOF SOUT . TO THE CITEBLE S LAST MINOWIN AND RESEARCH IN DEPORT I MENT maily -proof of provious mail thost problems. When determined non-receipt by the elient of a notice advising the client of a Department shall take into consideration a client's bistory of acceptation or non coopertion in the past. If the documented Documentation pan-include, but is not limited to: a witten whether-or-net-the-elient-has-demonstrated-non-resemble-the participation-requirement, if decumented by the elient, ₹9Ŧ

Section 114.129(a)(16) (continued)

non-receipt-ef-mail-ecurs-frequently,-the-Department-shall өкрівге-ан-аітегнатіче-шеанб-өғ-рғеviding-петіпев-өғ participation-roguests-to-elients-

- The-Department-will-net-require-a-elient-te-desument-geed-gause-fer nendeeperatien-unless+ †q
- rehabilitation,-or-advocacy-requirements-on-at-least-one-other the-glient-has-failed-te-gemply-with-werk,-training, eeeasien-within-a-simty-(60)-day-peried,-er 44
- evidense-independent-of-the-erplanation-of-good-sause-sasts dөubt-өп-thе-mandatөгү-өliөnt-s-өирlanatiөп∙ 4
- she-failed-to-notify-the-Department-of-the-good-gause-in-advanse-of-a No-slient-shall-be-denied-good-sause-selely-on-the-basis-that-he-or рагезезраезоп-годизгомене. e)

(Source: Repealed at 17 Ill. Reg. 3255, effective March 1, 1993)

Employment and Training Supportive Services (Repealed) Section 114.130

- endept-at-Orientation, to-onable-them-to-participate-in-the-program. General-Assistanee-mandatery-registrants-involved-in-Projest-Chance are-eligible-te-receive-suppertive-service-payments,-in-advance a)
- mandatory-rogistrant-which-must-be-discussed-and-provided-or-arranged During-the-full-accecsment,-the-suppertive-services-needed-by-the as-needed-inelude-at-least-the-fellewing+ fq
- transportation, 44
- employment-related-medigal-servises-(e.g.,-TB-test)+ 42
- vogational-rehabilitation; ŧ
- ±и±е±а1-емр1оуменс-еиренsеs+ 44
- reguired-books,-fees,-supplies, ₹9
- pre-employment-and-pre-training-physicals-and **₹9**
- emergeney-interventien-servises-if-eligible-fer-the-Grisis Assistanse-Program-(89-111-Adm.-Gode-116)t t

ILLINOIS REGISTER

OF THE PARTY OF THE

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114,130 (continued)

- Rogarding-emergensy-intervention-servises,-Projest-Chanse-staff-will refer-the-mandatery-registrant-te-the-apprepriate-Legal-Offige-fer application-under-the-Grisis-Assistance-Program-(see-89-111-Adm-30d0-116}+ ÷ 8
- At-assessment-ef-a-mandatesy-registrant-s-gempenent-partieipatien, the-meed-for-supportive-services-will-be-dissussed. ď
- BBFVices-are-needed-for-effective-participation-but-unavailable-from Project-Chance-participation-will-not-be-required-if-supportive ене-Department-өг-бөжө-өthег-геабөмаЬ⊥у-ача≟даЬ1е-бөчгөө∙ 40
- Eligible-Services ₹ }

Transpertation **† †**

- If-годытгед-анд-песеббагу-(өтдтү-а-с1іепt-мю-десспет-йаче provided-to-enable-registrants-to-attend-Orientation an-automobile>,-enpenses-fer-transpertatien-will-be ¢¥
- Тганброг tation-епрепсеб-аге-te-be-раid-te-рeгmit participation-in-the-Work-Euperience, Job-Glub, Pre-Employment-and-Special-Prejects-components. B
- ұғанброғtаtіон-раутенts-ағе-madе-at-the-most-ғеабонаblе-and registrant-s-ewn-autemebile-is-used,-the-established-rate өөөмөміеа1-ғаtө,-whishever-i6-less.--If-the-mandatery per-mile-(i.e.,-21#-per-mile)-will-be-appreved,-which ingludes-all-vehiele-related-empenses. ¢;
- ұғапѕроғtаtі•nи-енрепсес-ағе-tө-bе-раіd-tө-gе-tө-анd-£ғоm work-until-receipt-of-first-full-paycheck+ ta

Јер-беағен-Енренсес 48

- тевовіче-ап-амецит-пет-tе-енвеед-\$20+00-а-menth-te-аббіst-in Registrants-partieipating-in-Job-Searoh-and-Job-Glub-will she-раумеиt-оf-јор-seareh-related-еиренsеsт 4 Y
- partieipating-in-Werk-Experience-te-assist-in-the-payment Ан-а11-юманее-об-\$5-00-а-жен-will-be-раid-to-registrants э≨-јер-везгер-ге дасе д-е ире и ве в THE STATE OF
- Mandatery-Fees te

NOTICE OF ADOPTED AMENDMENTS

Section 114.130(f)(3) (continued)

A-manimum-payment-of-\$300,00-per-twelve-(12)-month-period-gan-be Mandatory-fees,-ingluding-application,-registration,-aetivities, the-GED-test,-are-provided-to-mandatory-registrants-enrolled-in laboratory,-graduation-and-testing-fees-ineluding-the-fee,-fer approved-education-or-training-programs-(see-Section-114+137). provided.--No-payments-are-allowed-for-tuition.

Books-and-Supplies 4 }

is-enrelled.--A-manimum-payment-of-\$300.00-per-twelve-(12)-month items-fer-the-particular-program-in-which-a-mandatory-registrant Payment-is-allowed-for-books,-supplies-and-equipment-purchased in-accordance-with-the-facility-6-published-list-of-required peried-eam-be-provided.

Pre-Training-and-Pre-Employment-Physical-Examinations € 5

eests-are-net-etherwise-provided-by-sourges-sugh-as-the-employer рте-training-ог-рге-еmployment-рhysical-енаminations-if-the Payment-is-permitted-for-mandatory-registrants-to-obtain өғ-the-training-рғөдғаm-

Іяітіал-Биріоутевт-Биревсе €9

- Payment-may-be-provided-for-employment-empenses-incurred and-requested-prior-te-receipt-ef-the-first-payeheek, ¥ ¥
- These-empenses-inelude+ 18
- speeial-elething-(manimum-\$200); + #
- required-teels-which-are-net-provided-by-the-employer (man +mum - \$200) + *******
- iii) repairs-on-an-automobile-(manimum-\$300);
- aute-license-plate-fees **↑**↑.*
- auto-ingurance-at-the-cheapest-rate; 45
- registrant's own ear-is-used,-a-gas-allewance of \$4.15 ABBROOMERAL Fator - Whichever is less, lf.the -mandatory transportation expenses at the most-reasonable and daily or a rate of 310 a-mile, whichever - is - 1055, shall be authorized, (*)

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 114.130(f)(6)(B) (continued)

- vii) child-eare,
- viii) physical-enamination-prior-to-employment-if-not provided-by-the-employer,-and
- other-required-items-related-to-a-specifie-job (manimum-\$300) *##
- and-Family-Services -- child-eare-licensing-requirements (maximum-\$300,00). --Item(s)-and-service(s)-may-include individual-in-meeting-Illinois-Department-of-Children item(6)-er-6erviee(6)-purehased-that-will-assist-the entinguishers,-smoke-alarms,-first-aid-kits-and but-are-not-limited-to-the-purchase-of-fire installation-of-a-telephone. (H
- purchase-fire-arms,-pay-local-bonds-or-traffio-tickets,-or Initial-employment-empenses-will-net-be-authorised-to pay-relegation-expenses-se-an-individual-gan-accept етр зоутеле-е з семье гет €}
- empenses-reguired-for-the-self-employment-of-the-individual eweept-when-expenses-will-assist-the-individual-in-besoming А160-иет-регитетед-аб-ап-титета1-емр10умент-емренбе-ате an-Illinois-Department-of-Children-and-Family-Services ieensed-ehild-eare-provider. þ
- These-allowanees-are-enempt-from-consideration-in-determing-the General-Assistance-grant-amount-**€**

(Source: Repealed at 17 Ill. Reg. 3255, effective March 1, 1993)

Conciliation and Fair Hearings (Repealed) Section 114.135

- with-a-Frojeet-Ghange-requirement-after-assessment---The-goneillation the participant with an opportunity to comply print to the imposition Process - will-be-used-to-determine the teasures the participant and upon-determining-that-a participant has refused or failed to comply not . comply-with the Project Chance program requirement and provide The-Department-shall-establish-a-sensiliation-procedure-to-be-used өб. банесіон. ψ.
- Project Chance's discovery of the participant's refusal or failure to HORMPLY . With - program - requirements and shall continue for a period not The-conciliation-period-shall-begin-the-day-following-the-date-of ţq

NOTICE OF ADOPTED AMENDMENTS

Section 114.135(b) (continued)

to-oncood-thirty-(30)-calendar-days---Within-this-conciliation-period pertinent-Project-Chance-requirements-and-the-consequences-of-failing whether-good-gause-enists.--If-it-is-determined-that-good-gause-does for-onample,-the-individual-refuses-to-comply-and-does-not-have-good assertain-the-reason(s)-fer-the-refusal-or-failure-and-te-determine partigipant-is-prevented-from-gomplying-by-girgumstanges-beyond-the Тө-аvөid-бавеtiөп-the-рагtieiравt-must-регfегm-а-verifiable-аеt-ө£ compliance-within-the-thirty-(30)-day-conciliation-period ---Verbal 90mponent.--If-it-ib-apparent-that-the-individual-will-not-gomply. oomplianoo-date-may-not-enceod-the-end-ef-the-consiliation-periodnegessary-for-gempliange-and-the-date-by-whigh-gempliange-must-be the-partieipant-shall-reseive-поtiss-in-writing-об-а-meeting-te oause,-Project-Ghance-may-end-the-conciliation-period-carly-and proceed-with-sanction-procedures,--The-participant-s-refusal-to aohiovod-to-avoid-the-initiation-of-sangtion-proceduros---The еө-өөмр≜у•--Тһе-рағезезране-бһа12-bе-зи£өғмед-ө£-thе-аеtзөнб not-enist-Project-Chance-shall-inform-the-participant-ef-the oommitment-by-the-partieipant-is-not-suffisient,-unless-the participant-s-control,-such-as-unavailability-of-a-suitable өөтр≟у-бhа≟≟-be-dөөштевtеd-in-the-dase-rederd.

- Project-Chance-shall-initiate-sanction-action-no-later-than-the-last day-of-tho-conciliation-poriod--Sanction-action-may-bo-cancellod-if Preject-Ghance-is-able-to-verify-that-compliance-was-achieved-by-the #E-the-partializant-doos-not-comply-during-the-conciliation-period end-of-the-conciliation-period. **⊕**
- reappły•--Information-shall-also-ingluded-on-or-with-the-notige-of Ghance-gase-regerd-at-a-reasonable-time-before-the-date-of-the-appeal avoid-the-sanetion-and-procedures.--The-participant-has-the-right-to Partieipants-will-be-provided-written~netiee-ef-sanctien,-including information-not-released-to-a-participant-may-not-be-used-by-either adverse-aetion-deseribing-the-aetion-which-can-be-taken-to-end-or the-particular-act-of-refusal-or-failure-to-comply-the-proposed hearing, encept-for-confidential-information-that-Project-Chance request-an-appeal-hearing-through-the-Department-s-fair-hearing Process....A-participant-shall-be-allowed-to-examine-the-Project period-of-sanction-and-shall-specify-when-the-participant-may determines-should-be-protected-from-release.--Confidential рағсу-ас-све-веағанд**q** }

, effective March 1, 1993) (Source: Repealed at 17 Ill. Reg. 3255

ILLINOIS RECISTER

THE CHIEF

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Hospital Services
- 2) Code Citation: 89 Ill. Adm. Code 148

Adopted Act
Numbers:
Section

: nor:

New Section	Amendment	Amendment	Amendment	Amendment	Amendment	Amendment	Amendment	Amendment	Amendment
	48.50	148.120	148.150	148.180	148.210	148.240	148.270	148.310	
	148.40, 148.50	148.70, 14	148.140, 148.150	148.170,	148.200,	148.230,	148.260,	148.290,	
148.25	148.30,	148.60,	148.130,	148.160,	148.190,	148.220,	148.250,	148.280,	148.320

- <u>Statutory Authority:</u> Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (III. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13) [305] ILCS 5/3-1 et seq., 5/4-1 et seq., 5/5-1 et seq., 5/6-1 et seq., 5/7-1 et seq., and 5/12-13] and Public Act 87-861, effective July 8, 1992 (†
- 5) Effective Date of Amendments: March 1, 1993
- 6) Does this rulemaking contain an automatic repeal date?
- 7) Do these Amendments contain incorporations by reference?
- 8) Date Filed in Agency's Principal Office: March 1, 1993
- 9) Notice of Proposal Published in Illinois Register:

September 25, 1992 (16 III. Reg. 14540)

- 8 10) Has JCAR issued a Statement of Objections to these Adopted Amendments?
- 11) Differences between proposal and final version: The following changes have been made in the proposed amendments:

Section 148.25

Subsection (d) has been revised to read:

A major teaching hospital is defined as a hospital having four or more graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral p

NOTICE OF ADOPTED AMENDMENTS

Training, or the American Dental Association Joint Commission on Dental Accreditation. Except, in the case of a hospital devoted exclusively to physical rehabilitation, as defined in Section 149.50(c), only one certified program is required to be so

Subsection (e) has been revised to read:

Training, or the American Dental Association Joint Commission on Except as provided in subsection (d) above, a teaching hospital is defined as a hospital having at least one, but no more than American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral three graduate medical education programs accredited by the Dental Accreditation. (e

Subsection (g)(1) has been revised to read:

"Base period" means the two most recent cost report years for which audited cost reports are available for all hospitals. 1

Section 148.30

In subsection (a)(1), "(b)" has been changed to "(a)(2)".

Section 148,40

In subsection (a)(5), "(State-operated facilities)" has been added to follow "DMHDD-operated mental health center". In subsection (a)(8)(F), "as determined by the transferring physician" has been added after "he/she is medically stable".

must provide, or have a contractual arrangement with an appropriate entity Subsection (b)(6) has been revised to read, "A rehabilitation facility or agency to provide, the following minimal services".

Subsection (d)(2)(A) has been revised to read:

Psychiatric Clinic Services (Type A). Type A psychiatric clinic services are clinic service packages consisting of diagnostic evaluation; individual, group and family therapy; medical counseling, provided in the hospital clinic setting for control; optional Electroconvulsive Therapy (ECI); and individuals through the age of twenty-one (21). (V

In subsection (d)(2)(D), the last sentence has been revised to read:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

psychiatric services and execute a Psychiatric Clinic Services Type A In order to participate as a provider of psychiatric clinic services, assures that the hospital is enrolled for the provision of inpatient and B Enrollment Assurance with DMHDD and the Department, which a hospital must be enrolled for the provision of inpatient psychiatric services and meets the following requisites:

language in its entirety, and new language has been added as follows: Subsection (d)(2)(D)(ii) has been revised by deleting the previous

The hospital must have executed a Coordination of Care Agreement facility serving the mentally ill in the appropriate geographic between the hospital and the designated Illinois Department of Mental Health and Developmental Disabilities' State-operated

Subsection (d)(2)(D)(iv) has been revised to read:

The hospital must agree to participate in Local Area Networks in compliance with P.L. 99-660 and P.A. 86-844; and

A new subsection (d)(3) has been added as follows:

- Physical Rehabilitation Clinic Services 3
- rehabilitative services provided to inpatients by hospitals patient's condition is such that it does not necessitate Physical rehabilitation clinic services include the same 148.40(b). Clinic services should be utilized when the obtained on an outpatient basis through the hospital's inpatient care and adequate care and treatment can be enrolled to provide the services described in Section specialized clinic. (A
- Physical rehabilitation clinic services are not covered for Assistance) program participants who are 18 years of age or Family and Children Assistance (formerly known as General B)

Section 148.120

Subsection (a)(1) has been revised to read:

inpatient days of care provided to Title XIX recipients compared The hospital's Medicaid inpatient utilization rate, in terms of to total inpatient days of care provided, is at least one half standard deviation above the mean Medicald utilization rate.

NOTICE OF ADOPTED AMENDMENTS

the types of days described in subsection (c)(3) below. In this an individual (including a newborn) is an inpatient in the hospital whether or not the individual is in a specialized ward Fitle XIX specifically excludes days of care provided to Family paragraph, the term "inpatient day" includes each day in which and Children Assistance (formerly known as General Assistance) and Aid to the Medically Indigent (AMI) days but does include and whether or not the individual remains in the hospital for lack of suitable placement elsewhere.

Subsection (a)(2) has been revised to read:

charges for charity care (less payments for GA and AMI inpatient state government-funded care, must be counted as a percentage of (formerly known as General Assistance), AMI and/or any local or percentage of total inpatient charges attributable to inpatient hospital services, and/or any local or state government-funded this alternative, payments for all patient services (not just all net patient service revenue. To this percentage, the The hospital's low income utilization rate exceeds 25%. inpatient) for Medicaid, Family and Children Assistance care) must be added. 5

Subsection (a)(5) has been revised by deleting the previous language in its entirety, and new language has been added as follows: Any children's hospital, which means a hospital devoted exclusively to caring for children. A hospital which includes a separately licensed as a hospital by a municipality shall be facility devoted exclusively to caring for children that is considered a children's hospital to the degree that the nospital's Medicaid care is provided to children."

changed from, "through Illinois' DSH Program" to "under subsections (g) In subsection (e), language at the end of the first sentence has been and (k) of this Section".

Subsection (g)(2)(F) has been revised to read:

amount calculated under subsections (j) and (k) of this Section pursuant to subsections (h) and (i) below, plus any applicable applicable DSH determination year, subject to the limitations shall be the inpatient payment adjustment in dollars for the pursuant to subsections (g)(1) and (g)(2) above, as adjusted For hospitals paid on a per diem basis and those reimbursed under 89 III. Adm. Code 148.80(g), the amount calculated <u>н</u>

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

calculated under subsections (g)(1) and (g)(2) of this Section The adjustments shall be applied to each covered day of care provided. described in subsection (m) of this Section.

Subsection (g)(2)(G) has been revised to read:

year, subject to the limitations described in subsection (m) of sum plus any applicable amount calculated under subsections (j) calculated pursuant to subsections (g)(1) and (g)(2) above, as multiplied by the hospital's average length of stay, and this adjusted pursuant to subsections (h) and (i) below, shall be this Section. The adjustments calculated under subsections adjustment in dollars for the applicable DSH determination (g)(1) and (g)(2) of this Section shall be applied to each For hospitals paid on a per discharge basis, the amount and (k) of this Section shall be the inpatient payment covered discharge. 3

Subsection (j)(2)(A)(j) has been revised to read:

licensed beds as determined by the Illinois Department of Public Health (IDPH), based upon the most current IDPH published report The hospital is located in an urban area and has 500 or fewer Illinois", which is available to the Illinois Department of Public Aid in the month immediately preceding the DSH entitled "Bed Count, Average Length of Stay, Average Daily Census and Percent Occupancy for Non-Federal Hospitals in determination year; or Ţ

Subsection (j)(2)(A)(ii) has been revised to read:

licensed beds as determined by the Illinois Department of Public Health (IDPH), based upon the most current IDPH published report The hospital is located in a rural area and has 300 or fewer Illinois", which is available to the Illinois Department of entitled "Bed Count, Average Length of Stay, Average Daily Census and Percent Occupancy for Non-Federal Hospitals in Public Aid in the month immediately preceding the DSH determination year; or ii)

In subsection (j)(3)(A) the language at the end of the subsection has been changed from "as least one of the following criteria:" to "at least one of the following criteria:".

Subsection (j)(3)(A)((i) has been revised to read:

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

licensed beds as determined by the Illinois Department of Public Health (IDPH), based upon the most current IDPH published report The hospital is located in an urban area and has 500 or fewer Illinois", which is available to the Illinois Department of entitled "Bed Count, Average Length of Stay, Average Daily Census and Percent Occupancy for Non-Federal Hospitals in Public Aid in the month immediately preceding the DSH determination year; or 1)

Subsection (j)(3)(A)(ii) has been revised to read:

licensed beds as determined by the Illinois Department of Public Health (IDPH), based upon the most current IDPH published report The hospital is located in a rural area and has 300 or fewer Illinois", which is available to the Illinois Department of entitled "Bed Count, Average Length of Stay, Average Daily Census and Percent Occupancy for Non-Federal Hospitals in Public Aid in the month immediately preceding the DSH determination year. ii)

Subsection (j)(5)(A)(i) - has been revised to read:

licensed beds as determined by the Illinois Department of Public Health (IDPH), based upon the most current IDPH published report The hospital is located in an urban area and has 500 or fewer Illinois", which is available to the Illinois Department of entitled "Bed Count, Average Length of Stay, Average Daily Census and Percent Occupancy for Non-Federal Hospitals in Public Aid in the month immediately preceding the DSH determination year; or į)

Subsection (j)(5)(A)(ii) has been revised to read:

licensed beds as determined by the Illinois Department of Public Health (IDPH), based upon the most current IDPH published report The hospital is located in a rural area and has 300 or fewer , which is available to the Illinois Department of entitled "Bed Count, Average Length of Stay, Average Daily Census and Percent Occupancy for Non-Federal Hospitals in Public Aid in the month immediately preceding the DSH determination year. Illinois". ii)

Subsection (j)(5)(B) has been revised to read:

Hospitals meeting the criteria described in subsection (j)(5)(A)Questionnaire in order to be considered for the TAP ambulatory To receive the TAP ambulatory care above shall complete and submit the Ambulatory Care Network care network adjustment. B)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

required to notify the Department in advance of any action which would result in a reduction of 20 percent or more in the number of visits provided by hospital-operated primary care clinics or enter into an agreement with the Department which describes in provided by primary care physicians. The TAP ambulatory care network adjustment, eligible hospitals shall be required to detail their involvements in ambulatory care, and includes a reduction of 20 percent or more in the number of visits commitments to maintain operations. Hospitals shall be network adjustment shall consist of three (3) possible individual adjustments as follows:

Subsection (j)(7) has been revised to read:

described in subsections (g) and (k) of this Section, subject to applicable payment adjustments described in subsection (j) of the limitations described in subsection (m), of this Section. The TAP adjustments shall be paid to eligible hospitals on a Hospitals eligible for TAP adjustments shall receive the this Section, in addition to any applicable adjustments quarterly basis. 2

Subsection (k)(3) has been revised to read:

described in subsections (g) and (j) of this Section, subject to Hospitals qualifying as DSH hospitals under subsections (a)(1), hospitals under subsection (a)(6) of this Section shall receive The CCA payment adjustments shall be paid to eligible hospitals the applicable payment adjustments described in subsection (k) (2), (3), (4) or (5) of this Section that also qualify as CCA the limitations described in subsection (m) of this Section. of this Section in addition to any applicable adjustments on a quarterly basis. 3)

In subsection (1)(1), new language, "in accordance with this subsection" has been added to the end of the subsection.

Subsections (1)(5) through (1)(11) have been deleted in their entirety. The adjustment described in these subsections is described in Section In subsection (m)(1), "subsections (g) through (1)" have been changed to "subsections (g) through (k) of this Section".

In subsection (m)(1)(A)(ii), "subsections (j), (k) and (1)" have been changed to "subsections (j) and (k)" of this Section".

Subsection (m)(1)(B) has been revised to read:

NOTICE OF ADOPTED AMENDMENTS

ineligible for the adjustments described in subsection (j)(5)(B) visits provided by primary care physicians, the Department may, subject to approval by the Director, deem the hospital In the event that there is a reduction of 20 percent or more in the number of visits provided by hospital-operated primary care operations as required in subsection (j)(5)(B) of this Section. clinics or a reduction of 20 percent or more in the number of The hospital does not honor its commitment to maintain of this Section, either in total or in part. P)

Section 148,140

Subsection (c)(8) has been revised to read:

Encounter rate hospitals are required to submit outpatient cost reports to the Department within 90 days of the close of the encounter rate hospital reimbursement rates to the amount hospital's fiscal year. The Department shall reconcile described in subsection (7) above. <u>a</u>

Section 148.150

The Title of this Section has been revised to read:

Uncompensated Care Payment Adjustments

Subsection (a) has been revised to read:

adjust each of these uncompensated care payments to ensure that through 148.300 or 89 Ill. Adm. Code 149. The Department shall aggregate payments do not exceed the amount that can reasonably hospitals that are reimbursed under Sections 148.170, 148.250 principles, in compliance with 42 CFR 447.272, Application of The Department shall make uncompensated care payments to be estimated would have been paid under Medicare payment Jpper Payment Limits. a)

Subsection (e) has been revised to read:

eligibility for an uncompensated care payment adjustment for the uncompensated care rate year), the following inpatient, outpatient and hospital-based clinic service information to the submit, on or before October 1 of the uncompensated care rate year (or on or before October 21, 1992, for the October 1992 uncompensated care rate year, each hospital shall annually Effective on or after October 1, 1992, as a condition of (e

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Subsection (e)(2) has been revised to read:

Family and Children Assistance Program, formerly known as the General Assistance Program (Article VI of the Public Aid Code). Department for those program participants covered under the uncompensated care base year that are reimbursable by the The dollar amount of charges rendered in the previous

Subsection (f) has been revised to read:

uncompensated care rate year, the data required under subsection described in subsection (e) above for the previous uncompensated the uncompensated care rate year, hospitals that did not comply shall submit, on or before October 21, 1992, the data required eligibility for the uncompensated care payment adjustment for under subsection (e) above. Effective on or after October 1, 1993, as a condition of eligibility for an uncompensated care with the data requirements described in subsection (c) above under subsection (c) above in addition to the data required care rate year shall submit, on or before October 1, of the (c) above for the previous uncompensated care rate year in addition to the data required under subsection (e) above. payment adjustment for the uncompensated care rate year, Effective on or after October 1, 1992, as a condition of nospitals that did not comply with the data requirement (J

Subsection (h) has been revised to read:

uncompensated care payment adjustment for the uncompensated care Medicaid days provided by the hospital in the uncompensated care care rate year shall be calculated by multiplying the number of rate year subject to the reporting requirements of subsections 89 Ill. Adm. Code 149 that are required to submit cost reports in accordance with Section 148.210(a) shall be eligible for an reimbursed under Sections 148.170, 148.250 through 148.300, or Effective on or after October 1, 1992, all hospitals that are below. The uncompensated care payment for the uncompensated (c), (e) and (f) above, and the provisions of subsection (i) base fiscal year by \$52.65. P)

Subsection (i) has been revised to read:

eligible for an uncompensated care payment adjustment under this Section for the uncompensated care rate year if the data significant decrease in the level of uncompensated care. This Effective on or after October 1, 1992, a hospital will not be supplied under subsections (c), (e) and (f) above indicate a determination will be made by comparing the level of ij

NOTICE OF ADOPTED AMENDMENTS

is not a significant decrease in the level of uncompensated care determining whether a significant decrease in uncompensated care October 1, 1992, shall be subject to a determination that there uncompensated care base year to the level of uncompensated care shall, in addition to its usual definition, include charges for (formerly Article VII). For example, eligibility for a payment July 31, 1991, and in subsequent uncompensated care base years uncompensated care in the base year of August 1, 1990, through provided from August 1991 through July 1992 as compared to the level of uncompensated care provided from August 1990 through has occurred may include, but not be limited, a change in the provided in the initial base year of August 1, 1990, through services reimbursable by the Department under the Family and Assistance (Article VI), and Aid to the Medically Indigent adjustment for the uncompensated care rate year beginning July 1991. Factors which the Department may consider in uncompensated care provided in the immediately previous Children Assistance Program, formerly known as General July 31, 1991. For purposes of this determination, socioeconomic characteristics of the community.

Subsection (1)(6)(B)(i) has been revised to read:

the amount of the hospital's bad debt recoveries for inpatient, outpatient and hospital-based clinic services; and į)

Section 148.160

Subsection (i)(1) has been revised to read:

Copayments are assessed under all medical programs administered by the Department except the Family and Children Assistance Program, formerly known as the General Assistance Program, and shall be assessed in accordance with Section Copayments. 7

Section 148,170

Subsection (f) has been revised to read:

Applicable adjustments for DSH Hospitals and Uncompensated Care.

to DSH hospitals which are exempt from the DRG PPS as described The criteria and methodology for making applicable adjustments adjustments for uncompensated care shall be in accordance with in subsection (a) above, shall be in accordance with Section 148.120. The criteria and methodology for making applicable Section 148.150.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Subsection (h)(1) has been revised to read:

Copayments are assessed under all medical programs administered by the Department except the Children and Family Assistance Program, formerly known as the General Assistance Program, and shall be assessed in accordance with Section Copayments. 1

Section 148.190

Subsection (b) has been revised to read:

weeks), or group care recipients. Copayments will be deducted administered by the Department except the Children and Family Assistance Program, formerly known as the General Assistance post-partum women who have given birth within the last six individuals under the age of 18, pregnant women (including Copayments will not be assessed against automatically by the Department upon payment for services Copayments will be assessed under all medical programs medical program. provided. (q

Section 148.210

Subsection (c) has been revised by deleting the previous language in its entirety, and new language has been added as follows:

140.84, 140.94, and 140.95, may not be reported as allowable The assessment fees described in Sections 140.80, 140.82, Medicaid costs on the Medicaid cost report. 0

Section 148,220

Subsection 148.220 has been revised by deleting the language, "subject to the provisions of Section 148.20(b)" at the end of this Section.

Section 148,240

Subsection (e) has been revised by deleting the previous language in its entirety, and new language has been added as follows: Hospital Utilization Control. Hospitals and distinct part units utilization review standards and procedures and review committee for Medicaid as they use for Medicare. Hospitals and distinct must meet the utilization review plan requirements in 42 CFR, part units that do not participate in Medicare (Title XVIII) that participate in Medicare (Title XVIII) must use the same Ch. IV, Part 456, Subparts C, D, or E (October 1, 1991). (e)

NOTICE OF ADOPTED AMENDMENTS

regulations at 42 CFR, CH. IV, Part 456, Subpart G (October 1, 1991). hospital care in a psychiatric hospital, as defined in 89 Ill. Utilization control requirements for inpatient psychiatric Adm. Code 149.50(c)(1) shall be in accordance with federal

Section 148.250

Subsection (c) has been revised to read:

uncompensated care adjustments as described in Section 148.150, and outlier adjustments as described in Section 148.130; and applicable DSH adjustments as described in Section 148.120, 0

Section 148,260

Subsection (a)(1)(C)(iii) has been revised to read:

together and divided by two to calculate the hospital's final iii) These two trended operating cost per diems are then added operating cost per diem for the base period.

Subsection (a)(4)(A) has been revised to read:

Only hospitals that qualify for these payments under the Medicare Program as of September 1, 1992, shall be eligible for these payments. (A

Section 148.270

Subsection (c)(1) has been revised to read:

subsection (a) or (b) above, as applicable, for those hospitals services shall be at the average payment rate calculated under For general acute-care hospitals, reimbursement for inpatient reimbursed under 89 Ill. Adm. Code 149. 1

In subsection (c)(4), "long term care" has been changed to "long term stay"

Section 148.280

In subsection (a)(2), "as correct for by result" has been changed to corrected according to the results".

Section 148.290

Subsection (d) has been revised to read:

ILLINOIS RECISTER

308

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Rehabilitation Hospital Adjustment (RHA). (p

Illinois hospitals that, on the first day of July preceding the RHA rate period, qualify as rehabilitation hospitals, as defined Commission on Accreditation of Rehabilitation Facilities (CARF), shall receive a rehabilitation hospital adjustment in the RHA in 89 III. Adm. Code 149.50(c)(2) and are accredited by the rate period as follows:

Subsection (e)(1) has been revised to read:

programs administered by the Department except the Children and Family Assistance Program, formerly known as the General Assistance medical program, and shall be assessed in accordance with Copayments. Copayments are assessed under all medical Section 148.190. 7

Section 148.310

A new subsection (b)(2)(G)(iv) has been added as follows:

The TAP bed limits described in Section 148.120 accordance with such subsections, and review shall be limited to verification that these TAP bed limits were determined in (j)(2)(A)(i), (j)(2)(A)(ii), (j)(3)(A)(i), (j)(3)(A)(ii), (j)(5)(A)(i) and (j)(5)(A)(ii), shall be determined in accordance with such subsections. TAP Bed Limits. iv)

Section 148.310(d) has been revised to reformat subsections which were labeled (1),(2) and (3), to (A), (B) and (C), as follows:

- Cost Report Reviews. (p
- Cost reports are required from:
- all enrolled hospitals within the State of Illinois; (Y
- covered by the Illinois Medical Assistance Program; and days of service per hospital fiscal year, to persons all out-of-state hospitals providing 100 inpatient B)
- all hospitals not located in Illinois that elect to be reimbursed under the methodology described in 89 Ill. Adm. Code 149 (the DRG PPS). (i)
- completed cost statement with a copy of the hospital's Medicare cost report and audited financial statement must be submitted annually within 90 days of the close of the 2)

Subsection (e) has been revised to read:

Uncompensated Care Adjustment Reviews (e

accordance with Section 148.150. Hospitals shall have the right calculation. The appeal must be in writing and must be received hospital of its qualification for uncompensated care adjustments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for the uncompensated care payment ineligibility for the uncompensated care rate adjustment if it within 30 days of the date of the Department's notice to the adjustment. The Department shall notify the hospital of the The Department shall make uncompensated care adjustments in to appeal the uncompensated care rate calculation or their is believed that a technical error has been made in the results of the review within 30 days of receipt of the nospital's request for review.

Subsection (f) has been revised to read:

Trauma Center Adjustment Reviews (J

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

hospital of its qualification for uncompensated care adjustments The appeal must be in writing and must be received The Department shall make trauma care adjustments in accordance and payment amounts. The Department shall notify the hospital of the results of the review within 30 days of receipt of the within 30 days of the date of the Department's notice to the with Section 148.290(c). Hospitals shall have the right to appeal the trauma center adjustment calculations if it is believed that a technical error has been made in the hospital's request for review. calculation.

Subsection (g) has been revised to read:

Rehabilitation Hospital Adjustment Reviews 60 The Department shall make rehabilitation hospital adjustments in made in the calculation. The appeal must be in writing and must notice to the hospital of its qualification for rehabilitation calculations if it is believed that a technical error has been accordance with Section 148.290(d). Hospitals shall have the review no later than 30 days after receipt of the hospital's be received within 30 days of the date of the Department's Department shall notify the hospital of the results of the right to appeal the rehabilitation hospital adjustment hospital adjustments and payment adjustment amounts. request for review.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes 13) Will these Amendments replace Emergency Amendments currently in effect?

14) Are there any Amendments pending on this Part? Yes

Illinois Register Citation Proposed Action Sections August 21, 1992 (16 Ill. Reg. 12826) New Section 148.82

extensive changes in its rules governing payment for hospital services (89 methodology is provided in the Department's rules on the Diagnosis Related 15) Summary and Purpose of Amendments: The Department of Public Aid has made reimbursement of hospital services for Medicaid clients. An alternative Grouping (DRG) Prospective Payment System (PPS) (89 III. Adm. Code 149). The changes are required to update the rules for implementation of the revised reimbursement procedures, effective October 1, 1992, under the III. Adm. Code 148). These rules specify the basic methodology for

3312

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Medicaid Revenue Act (Public Act 87-861). Since changes are being made to most aspects of hospital reimbursement under these amendments, all of the changes cannot be summarized here in detail. Interested persons should review the amendments closely.

and change the children's hospital reimbursement methodology to reflect an mandated by House Bill 3884. The uncompensated care payment adjustment is being increased to \$52.65 per day from the previous \$41.70 per day. These including reimbursement approval procedures, cost report audit procedures, distinct part unit rates at three standard deviations above the mean rate, interim reimbursement language that pertained to FY'92 only, cap hospital disproportionate share reimbursement methodology have been moved into the prospective reimbursement methodology and expanded to incorporate changes grouping system and revise the definition of a "major teaching hospital" to include physical rehabilitation and children's hospitals. annual increase equal to the increase in inflation. In addition, the bills, set minimum reimbursement levels for county hospitals, delete procedures. The changes also require hospitals to submit "zero sum" Many of the changes are clarifications of definitions and procedures trauma and uncompensted care adjustments previously included in the Sections also clarify the outpatient reimbursement methodology and outlier adjustment procedures and utilization review notification

disproportionate share hospitals (DSH) are being changed as follows: Under the changes in Section 148.120, the qualification criteria for

- utilization rate is at least one half a standard deviation above the Illinois hospitals may qualify if their Medicaid inpatient mean instead of one standard deviation above the mean; 1
- utilization rate is at least the mean and their Medicaid obstetrical inpatient utilization rate is one standard deviation above the mean Illinois hospitals may qualify if their Medicaid inpatient Medicaid obstetrical inpatient utlization rate; 5
- Health Manpower Shortage Area and had less than one-third excess beds Illinois hospitals which qualified because they were located in a are grandfathered for one year; 3)
- Level I and level II trauma center Critical Care Access (CCA) hospitals have been moved to the inpatient reimbursement. (7

ratio, Medicare differential and Medicaid percent. Instead, each hospital will receive an adjustment based upon their Medicaid inpatient utilization The inpatient payment adjustments to DSH hospitals have been changed by deleting the adjustment which was based upon the hospitals' occupancy rate as follows:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

The Targeted Access Payments (TAP) adjustments remain the same except that Medicaid inpatient utilization rate (excluding Children's hospitals) as the total TAP adjustment is now adjusted based upon each hospital's follows:

110%	20%	25%
greater than 45%	25% to 49.99%	less than 24.99%

Time limitations for additional information used for the DSH determination have been clarified, and adjustment limitations have been included.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Bureau of Rules and Regulations Joanne Jones Name: Address:

Floor 100 South Grand Avenue East, Third Illinois Department of Public Aid

Springfield, Illinois 62762

(217) 524-3215 Telephone: The full text of the Adopted Amendments begins on the next page:

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES CHAPTER I: DEPARTMENT OF PUBLIC AID SUBCHAPTER d: MEDICAL PROGRAMS

PART 148 HOSPITAL SERVICES

Section

148.10	Hospital Services
148.20	Participation
148.25	Definitions and Applicability
148.30	General Requirements
148.40	Special Requirements
148.50	Covered Hospital Services
148.60	Hospital Services Not Covered as Hospital Services
148.70	Limitation On Hospital Services
148.80	Organ Transplants Services Covered Under Medicaid
148.90	Heart Transplants (Repealed)
148.100	Liver Transplants (Repealed)
148.110	Bone Marrow Transplants (Repealed)
148.120	Disproportionate Share Hospital (DSH) Adjustments
148.130	Outlier Adjustments for Exceptionally Costly Stays
148.140	Hospital Outpatient and Hospital-Based Clinic Services
148.150	Uncompensated Care Payment Adjustments for-Nondisproportionate
	Share-Hospitals
148.160	Payment Methodology for County-Owned Hospitals in an Illinois a
	County with a Population of Over 3 Million
148.170	Payment Methodology for State-Owned Hospitals in an Illinois a
	County with a Population of Over 3 Million
148.180	Payment for Pre-operative Days, Patient Specific Orders, and
	Services Which Can Be Performed in an Outpatient Setting
148.190	Copayments
148.200	Alternate Reimbursement Systems
148.210	Filing Cost Reports
148.220	Pre September 1, 1991, Admissions
148.230	Admissions Occurring on or after September 1, 1991
148.240	Prepayment-and Utilization Review and Furnishing of Inpatient
	Hospital Services Directly or Under Arrangements
148.250	Determination of Alternate Payment Rates to Certain Exempt Hospitals
148.260	Calculation and Definitions of Inpatient Per Diem Rates
148.270	Determination of Alternate Goots Cost Per Diem Rates For All
	Hospitals and Payment Rates for Certain Exempt Hospital Units
148.280	Reimbursement Methodologies for Children's Hospitals and Hospitals
	Reimbursed Under Special Arrangements
148.290	Adjustments and Reductions to Total Payments
148.300	Payment
148.310	Review Procedure
148,320	Alternatives

ILLINOIS REGISTER DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

	Services Utilization (Repealed) Utilization, Case-Mix and Discretionary Funds (Repealed) Rate Appeals for Subacute Alcoholism and Substance Abuse Treatment Services Hearings Special Hospital Reporting Requirements	AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act (III. Rev. Stat. 1991, ch. 111 1/2, par. 6503-1 et seq.) [20 ILCS 2215/3-1 et seq.] and implementing and authorized by Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (III. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13) [305 ILCS 5/3-1 et seq., 5/4-1 et seq., 5/5-1 et seq., 5/6-1 et seq., 5/7-1 et seq., 5/6-1 et seq., 5/7-1 et seq., 5/5-1 et seq., 5/6-1 et seq.,	thru 140.398 at 13 111. Reg. 9572; Section 148.120 recodified from 89 III. Adm. Code 140.94 thru 140.398 at 13 III. Reg. 12118; amended at 14 III. Reg. 2553, effective July 1, 1990; emergency amended at 14 III. Reg. 11392, effective July 1, 1990; for a maximum of 150 days; amended at 14 III. Reg. 11392, 1538, effective July 1, 1990; for a maximum of 150 days; amended at 14 III. Reg. 16998, effective October 3, 1990; amended at 14 III. Reg. 16998, effective October 3, 1990; amended at 14 III. Reg. 18499, effective July 1, 1991, for a maximum of 150 days; emergency amendment at 15 III. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 III. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency amendment at 15 III. Reg. 18684, effective December 23, 1991; amended at 16 III. Reg. 11316, effective June 30, 1992, for a maximum of 150 days; amended at 15 III. Reg. 18684, effective emergency amendment at 16 III. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency expired November 27, 1992; emergency amendment at 16 III. Reg. 11335, effective October 1, 1992, for a maximum of 150 days; amended at 16 III. Reg. 19873, effective December 7, 1992; amended at 16 III. Reg. 19873, effective October 1, 1992, amended at 17 III. Reg. 131, effective December 21, 1992; amended at 17 III. Reg. 131, effective December 21, 1992; amended at 17 III. Reg. 131, effective December 21, 1992; amended at 17 III. Reg. 131, effective December 21, 1992; amended at 17 III. Reg. 131, effective December 21, 1992; amended at 17 III. Reg. 13299, effective December 21, 1992; amended at 17 III. Reg. 13299, effective December 21, 1992; amended at 17 III. Reg. 131, effective December 21, 1992; amended at 17 III. Reg. 13299, effective December 21, 1992; amended at 17 III. Reg. 13299, effective December 21, 1992; amended at 17 III.
148.330 148.340 148.350 148.360 148.368	148.373 148.376 148.380 148.390 148.400	AUTHORITY: (III. Rev. seq.l and i Section 12- pars. 3-1 e 12-13) [305 5/7-1 et se	SOURCE: S thru 140.3 Adm. Code effective effective 15358, delight October 4, amended at at 15 111. emergency effective 6, 1992; e 1991, for December 2 emergency maximum of at 16 111. emergency maximum of 1992; amen 111. Reg.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

Definitions and Applicability Section 148.25

- services shall be made only to a hospital or a distinct part hospital Payment for hospital inpatient, outpatient and hospital-based clinic unit as defined in this Section. (8
- The term "hospital" means: P)
- whether organized for profit or not-for-profit, which is located comparable conditions and requirements of the Hospital Licensing Department of Public Health under the Hospital Licensing Act or whether organized for profit or not-for-profit, which meets all any institution, place, building or agency, public or private, purpose of inpatient reimbursement, the term "hospital" shall population of over 3 million and a state-owned hospital in a institution, place, building, or agency, public or private, addition, unless specifically indicated otherwise, for the also include: A county-owned hospital in a county with a in the State and is subject to licensure by the Illinois For the purpose of hospital inpatient reimbursement, any Act in effect for the state in which it is located. county with a population of over 3 million.
- in subsection (b)(1) above, that is located in the State of population of over 3 million" means a hospital, as defined The term "county-owned hospital in a county with a Illinois. (Y
- population of over 3 million" means a hospital, as defined The term "State-owned hospital in a county with a in the University of Illinois Hospital Act. B)
- For the purpose of hospital outpatient and hospital-based clinic reimbursement, the term "hospital" shall, in addition to the encounter rate hospital. An encounter rate hospital is defined definition described in subsection (b)(1) above, include an 5
- An Illinois county-owned hospital located in a county with a population exceeding 3 million; or A)
- a population exceeding 3 million that has provided and that has been paid for 85,000 days or more of inpatient hospital An Illinois county-owned hospital located in a county with care to recipients of medical assistance during State Fiscal Year 1989; or B)

ILLINOIS RECISTER

3316

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.25(b)(2) (continued)

- An Illinois state-owned hospital located in a county with a population exceeding 3 million; or 3
- with a population exceeding 3 million that is also located A county-operated outpatient facility located in a county in the State of Illinois, a
- include a hospital unit that is adjacent to or on the premises of the hospital and licensed under the Hospital Licensing Act. definitions described in subsections (b)(1) and (b)(2) above, reimbursement, the term "hospital" shall, in addition to the For the purpose of hospital inpatient and outpatient 3
- For the purpose of hospital-based clinic reimbursement, the term , in addition to the definitions described in subsections (b)(1) and (b)(2) above, include a hospital-based clinic meeting the provisions of 89 Ill. Adm. Code Section "hospital" shall 140.461(a)(3). 7
- subsection (b)(1) above, that meets the following qualification(s): the purpose of hospital inpatient reimbursement, the term "distinct part hospital unit" means a hospital, as defined in 0
- unit is a hospital, with a functional psychiatric unit, that is Distinct Part Psychiatric Units. A distinct part psychiatric enrolled with the Department to provide inpatient psychiatric services (category of service 21).
- provide inpatient rehabilitation services (category of service rehabilitation unit, that is enrolled with the Department to Distinct Part Rehabilitation Units. A distinct part rehabilitation unit is a hospital, with a functional 2
- to physical rehabilitation, as defined in Section 149.50(c), only one Accreditation. Except, in the case of a hospital devoted exclusively more graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the A major teaching hospital is defined as a hospital having four or American Dental Association Joint Commission on Dental certified program is required to be so classified. P
- Except as provided in subsection (d) above, a teaching hospital is defined as a hospital having at least one, but no more than three, graduate medical education programs accredited by the American

()

ILLINOIS RECISTER

NOTICE OF ADOPTED AMENDMENTS

NOTICE OF ADOPTED AMENDMENTS

Section 148.25(e) (continued)

American Dental Association Joint Commission on Dental Accreditation. Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the

- A non-teaching hospital is defined as: (J
- Medicaid cost reports but has no graduate medical education A hospital that reports teaching costs on the Medicare or 1
- Medicaid cost reports and that has no graduate medical education A hospital that reports no teaching costs on the Medicare or programs. 2)
- Definitions. Unless specifically stated otherwise, the definitions of terms used in Sections 148.160, 148.170, 148.260, 148.270, and 148,280, and in 89 Ill. Adm. Code 149 are as follows: 8
- "Base period" means the two most recent cost report years for which audited cost reports are available for all hospitals.

October 1, 1992, the twelve month period beginning on October 1 of the year and ending September 30 of the following year, "Rate period" means beginning with admissions on or after 7

Added at 17 III. Reg. 3296, effective March 1, 1993) (Source:

General Requirements Section 148.30

- hospital to qualify for enrollment in the Illinois Medical Assistance State-lieenae,-must-have-eertifiesston-for-partieipation-in-the-Title For the purpose of hospital inpatient, outpatient and hospital-based Program: Baeh-hospital,-in-addition-to-having-a-valid,-appropriate clinic reimbursement, the following requirements must be met by a geereditation, must-be-geeredited-by-the-Joint-Gommission-on-the XVIII-Medienre-Program-or, if-not-eligible-for-Medienre Acereditation-of-Hospitaler a)
- The hospital must be certified for participation in the Medicare Program (Title XVIII) unless the provisions of subsection (a)(2) below apply. 7
- If not eligible for or subject to Medicare certification, the hospital must be accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), 5

Section 148.30(a) (continued)

- The hospital must agree to accept the Department of Public Aid basis for reimbursement. 3
- Hospitals in-Illineis shall be required to submit operating Medicaid Aid. Hospitals-in-contiguous-States-may-elect-to-submit-operating Department of Public Aid, in accordance with Section 148.210, and hospital-based clinic rates approved by the Department of Public cost reports to the Office of Health Finance Seetion, Illinois shall have reimbursable hospital inpatient, and outpatient and еөөк-терөткө-кө-ке-ре-еңжейрде-бөт-раумевк-өв-кве-вая-ав hospitalo-in-111inois-(q

(Source: Amended at 17 Ill. Reg. 3296_, effective March 1, 1993)

Special Requirements Section 148.40

Approval-by-Appropriate-State-Ageney-to-Provide-Gertain-Serviees (₩

өетүіесөт-а-көөріғаі-жизе-bе-арргоуед-bу-еке-арргоренеу To-provide-gervices,-other-than-general-in-patient-and-sut-patient to-furnish-the-following-services+

a)++ Inpatient Psychiatric Services

- Payment for inpatient hospital psychiatric services shall be made only to:
- Section 148,25(b), with a functional unit, as defined in Section 148.25(c)(1), which that specializes in, and is A & hospital that is a general hospital, as defined in enrolled with the Department to provide, psychiatric A)
- A e hospital, as defined in Section 148.25(b), which that holds a valid license as, and is enrolled with the Department as, a psychiatric hospital, as defined in 89 [11. Adm. Code 149.50(c)(1). B)
- patients who are in need of short-term acute impatient hospitalization for active treatment of an emotional or mental Inpatient psychiatric services are those services provided to 2
- Inpatient psychiatric services are not covered for Family and Children Assistance (formerly known as General Assistance) program participants who are 18 years of age or older, 3

ALLO ST

NOTICE OF ADOPTED AMENDMENTS

(continued) Section 148.40(a)

- hospitals may not receive reimbursement for services provided to Federal Medicald regulations preclude payment for patients over services shall be provided until the earliest of the following: Institution for Mental Diseases (IMD). Therefore, psychiatric patients over the age of 20 erand under the age of 65. In the preceding his/her 21st birthday, reimbursement for psychiatric case of a patient receiving psychiatric services immediately the-age-of 20 or under the-age-of 65 years of age in any (7
- The date the patient no longer requires the services; or V
- The date the patient reaches 22 years of age. B)
- psychiatric hospitals hospital located in the State of Illinois, A psychiatric hospital must be accredited by the Joint Commission on the Accreditation of Health Care Organizations to services, including, but not limited to, crisis screening and
 discharge planning to ensure linkage to aftercare services with provide services to program participants under age 21 years of execute an interagency agreement with a DMHDD-operated mental health center (State-operated facilities) for coordination of private practitioners or community mental health services, as age or be Medicare certified to provide services to program participants age 65 years of age and older. Distinct part or within a 100 mile radius of the State of Illinois, must Esther-the-specialised psychiatric units units units described in subsection (a)(6) below. 2
- hospitals located in the State of Illinois, or within a 100 mile not limited to crisis screening and discharge planning to ensure and the hospital for the coordination of services, including but radius of the State of Illinois, must execute a Coordination of community mental health agencies or private practitioners shall efficient use of inpatient care. The agreement shall also set Coordination of Care - Purpose. In accordance with subsection (a)(5) above, distinct part psychiatric units and psychiatric DMHDD-operated mental health center (State-operated facility) forth the manner in which linkage to aftercare services with inpatient psychiatric services. The Coordination of Care Care Agreement in order to participate as a provider of Agreement shall set forth an agreement between the be carried out. 9
- provisions of the Coordiantion of Care Agreement described in Coordinatoin of Care - General Provisions. The general subsection (a)(6) above are as follows: 7

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.40(a)(7) (continued)

- The hospital shall agree, on a continuing basis, to comply with applicable licensing standards as contained in State laws or regulations and shall maintain accreditation by A)
- The provider shall comply with Title VI of the Civil Rights discrimination on the grounds of sex, race, color, national Act of 1964 and the Rehabilitation Act of 1973 and regulations promulgated thereunder which prohibit origin or handicap; 8
- U.S.C.A. 203 et seq. (1982), III, Rev. Stat. 1991, ch. 68, pars. 101 et seq. [775 ILCS 25/1 et seq.]. The provider shall comply with the following applicable employment opportunity, affirmative action, and other federal, State and local statutes pertaining to equal related requirements: 42 U.S.C.A. 2000e (1981), 29 3
- until amended by mutual consent or cancelled in writing by The Coordination of Care Agreement shall remain in effect either party having given thirty (30) days prior notification. a
- Coordination of Care Special Requirements. The hospital shall: 8
- Provide on its premises the facilities, staff, and programs for the diagnosis, admission, and treatment of persons who status, mental illness, emotional disability, and other may require inpatient care and/or assessment of mental psychiatric problems; A)
- community mental health agency that serves the geographic prior to making a referral to the State-operated facility appropriate community alternatives shall be considered With the written consent of the individual, notify the area from which the recipient originated to allow the individual to the designated State-operated facility. community mental health agency's resources and other agency to prescreen the case prior to referring the B)
- Complete any forms necessary and consistent with the Mental Health and Developmental Disabilities Code in the event of a referral for involuntary or judicial admission; C)

63

NOTICE OF ADOPTED AMENDMENTS

Section 148.40(a)(8) (continued)

- community mental health agency or private practitioner of With the written consent of the individual, notify the participation in the discharge planning process: the date and time of discharge and invite their
- Refer to the State-operated facility only those individuals private practitioner (if applicable), or the hospital; and for whom less restrictive alternatives are documented not determination by the community mental health agency, a to be appropriate at the time based on a clinical (E)
- facility when, based on a clinical determination, he/she is transfers may be made at other times after prior discussion individual will only be transported to the State-operated transfer of an individual and transfer the individual at such time as to assure arrival of the person prior to ll between the hospital and the State-operated facility. hospital must accompany the recipient at the time of a.m. Monday through Friday. In unusual situations, Notify the State-operated facility prior to planned physician. A copy of the transfer summary from the medically stable as determined by the transferring admission to the State-operated facility. (H
- The State-operated facility shall: Coordination of Care - Special Requirements of the State-Operated Facility. 6
- Admit individuals who have been screened as defined in the Coordination of Care Agreement and are appropriate for admission consistent with the provisions of the Mental Health and Developmental Disabilities Code. A)
- Petition and Certificate for involuntary/judicial admission Evaluate individuals for whom the hospital has executed a consistent with the Mental Health and Developmental Disabilities Code. B)
- by the community mental health agency, private practitioner Consider for admission voluntary individuals for whom less appropriate at the time, based on a clinical determination (if applicable), the hospital, or the State-operated restrictive alternatives are documented not to be facility. 0

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.40(a) (continued)

- maximum period of 72 hours or in-eases-in-which-the-psychiatric A participating hospital not enrolled for inpatient in-patient psychiatric services may provide psychiatric care as a general inpatient in-patient service only on an emergency basis for a hours-or in cases in which the psychiatric services are secondary to the services for which the period of nospitalization is approved. 10)
- b)2} Inpatient Rehabilitation Services
- 1)A Payment for inpatient rehabilitation services shall be made only to a general hospital, as defined in Section 148.25(b), with a hospital, as defined in 89 Ill. Adm. Code 149.50(c)(2), which holds a valid license as, and is enrolled with the Department 148.25(c)(2), which specializes in, and is enrolled with the Department to provide, physical rehabilitation services or functional unit of the hospital, as defined in Section as, a physical rehabilitation hospital.
- furnished by specialists, to the patient with a major handicap or the purpose of habilitating or restoring the person to a structured program of comprehensive rehabilitation services. The primary reason for hospitalization is to provide a realistic maximum level of functioning. 2)
- Inpatient rehabilitation services are not covered for Family and Children Assistance (formerly known as General Assistance) program participants who are 18 years of age or older, 3)
- physical rehabilitation services. Out-of-state hospitals which and-have-adequate-apace-and-equipment-ta-provide-eomprehensiverehabilitation services by the authorized licensing agency in apocialista-in-fi-fi-falas of modicino - numaing - physical - therapy Illinois Department of Public Health to provide comprehensive the state in which the hospital is located. A-rehabilitation APPRETABRE - Cherapy - - Appeah - Cherapy - Appea - wark - vacattonat 148.25(c)(2), must be certified by the Health Care Financing Administration for participation under the Medicare Program that specialize in physical rehabilitation services must be licensed and for certified to provide comprehensive physical 「あつちましゃちのち」ののないないでは、このないないないでしているのではなったので (Title XIII) and must be licensed and/or certified by the For payment to be made, a rehabilitation facility, which includes a distinct part unit as described in Section 4 8 4

NOTICE OF ADOPTED AMENDMENTS

Section 148.40(b)(4) (continued)

funetional-results.--The-hospital-shall-provide-written-reports <u>ағадқызекте-апа-ктеветерк-ызекті-еевт-апа-татры тевзиче</u> а́±авпов±от-тементент-реодесов-ат-геды1аг-±птееча1от-апа as-required, by-the-Bepartment-of-Publie-Aid-

- A rehabilitation facility must meet the following criteria: 2)
- Have a full-time (at least 35 hours per week) director of functional rehabilitation unit must have a part-time (at rehabilitation; a participating general hospital with a least 20 hours per week) director of rehabilitation; A)
- Have an organized medical staff; (A)
- Have available consultants qualified to perform services in appropriate specialties; 3
- Have adequate space and equipment to provide comprehensive diagnostic and treatment services;
- Maintain records of diagnosis, treatment progress (notations must be made at regular intervals) and functional results; and (i)
- Submit reports as required by the Department of Public Aid (E)
- arrangement with an appropriate entity or agency to provide, the A rehabilitation facility must provide, or have a contractual following minimal services: 9
- registered nurse formally trained in rehabilitation nursing; Full-time nursing services under the supervision of a A)
- Full-time physical therapy and occupational therapy services; and B)
- Social casework services as an integral part of the rehabilitation program. G
- A rehabilitation facility must have available the following minimal services: 7
- Psychological evaluation services: A)
- Prosthetic and orthotic services; B

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.40(b)(7) (continued)

- Vocational_counseling; C)
- Speech therapy; 0
- Clinical laboratory and x-ray services; and

(H)

- Pharmacy services. E)
- The director of rehabilitation must meet the following criteria: 8
- Provide services to the hospital and its patients as specified in subsection (b)(5) above: A)
- Be a doctor of medicine or osteopathy; B
- Be licensed under State law to practice medicine or surgery; and 0
- management of inpatients requiring rehabilitation services. Must have, after completing a one-year hospital internship, at least two years of training or experience in the medical <u>a</u>
- Personnel of the rehabilitation facility must meet the following minimum standards: 6
- Consultants shall be Board Qualified or Board Certified in medicine and surgery in the state in which they practice. Physicians shall have unlimited licenses to practice their specialty. A)
- Physical therapists shall be licensed by the Illinois Department of Professional Regulation. B)
- Occupational therapists shall be licensed by the Illinois Department of Professional Regulation, 0
- Professional Regulation or comparable licensing agency in Registered nurses and licensed practical nurses shall be currently licensed by the Illinois Department of the state in which the facility is located. <u>a</u>
- Social workers shall have completed two years of graduate training leading to a Master's Degree in social work from an accredited graduate school of social work. E

NOTICE OF ADOPTED AMENDMENTS

Section 148.40(b)(9) (continued)

- Esychologists shall have a Master's Degree in clinical psychology.
- G) Vocational counselors shall have a Master's Degree in Rehabilitation Counseling, Psychology or Guidance from a school accredited by the North Central Association or its equivalent.
- H) An orthotist or prosthetist, certified by the American Board of Certification in Orthotics and Prosthetics shall fabricate or supervise the fabrication of all limbs and braces.
- c)3) End-Stage Renal Disease Treatment (ESRDI) Services. The Department provides payment to hospitals, as defined in Section 148.25(b), for End-Stage-Renal-Disease-Treatment-(ESRDI) services only when the hospital is Medicare certified for ESRDI and services are provided as follows:
- 1)A Inpatient hospital care is provided for the evaluation and treatment of acute renal disease;
- outpatient chronic renal dialysis treatments are provided in the outpatient renal dialysis department of the hospital. and/or in a satellite unit of the hospital that is professionally associated with the center for medical direction and supervision, or in a free-standing chronic dialysis center certified by Medicare, pursuant to 42 CFR 405, Subparts S and U (1984), and the recipient is approved by the Illinois Department of Public Health (IDPH) or the Department of Health and Human Services (DHHS) as eligible for ESRDT services; or
- 3)6) Home dialysis treatments are provided through the outpatient renal dialysis department of the hospital. and/or-in a satellite unit of the hospital that is professionally associated with the center for medical direction and supervision, in a patient's home. or through a free-standing chronic dialysis center certified by Medicare, pursuant to 42 CFR 405, Subparts S and U (1984), and the recipient is approved by the Illinois Department of Public Health (IDPH) or the Department of Health and Human Services (DHHS) as eligible for ESRDI services.
- d) Hospital-Based Organized Clinic Services. Hospital-based clinics must meet the requirements of 89 III. Adm. Code 140.461(a)(3). The following four categories of hospital-based organized clinic services are recognized in the Medical Assistance Program:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.40(d) (continued)

- General Clinic Services. General clinic services are diagnostic, therapeutic and palliative services provided under the direction of a physician who provides for the health care needs of persons who elect to use this type of service rather than another source of primary care. In order to participate as a provider of general clinic services, a hospital must meet the following requisites:
- A) The hospital must be enrolled for participation in the Medical Assistance Program to provide general inpatient (category of service 20) and general outpatient (category of service 24) hospital services.

B) Personnel

- i) The clinic must be organized as a distinct hospital department with a qualified, trained executive in charge of all activities and responsible to the administration of the hospital;
- ii) An advisory medical council must function to assist the executive officer in formulating policies for the management and care of clinic patients;
- iii) The qualifications of the medical staff of the clinic must meet the same requirements that apply to the hospital staff;
- iv) Nursing services must be provided by licensed nurses under the supervision of a registered professional nurse (R.N.); and
- v) A dietician must be available to instruct the patients regarding special diets and to plan with the patients in the buying and preparation of food.

C) Program

i) The program of the clinic must ensure the provision of comprehensive, high quality, personalized, and continuous health care services to its patients. This means that, at a minimum, the clinic must provide or contract for the services of a sufficient number of primary and specialty care physicians to meet the health needs of patients of the clinic, and must have

ILLINOIS RECISTER

Third Di

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.40(d)(2)(B) (continued)

limited to six (6) months in any twelve (12) month period, active treatment per week. The duration of an individual recreational, and task-oriented activities at least four (4) hours per day at a minimum of three (3) half days of patient's participation in this treatment program is

- covered for Family and Children Assistance (formerly known Coverage. Psychiatric clinic services are covered for all as General Assistance) program participants who are 18 Medicaid-eligible individuals. The services are not years of age or older. 0
- provider of psychiatric clinic services, a hospital must be psychiatric clinic services. In order to participate as a services and execute a Psychiatric Clinic Services Type A and B Enrollment Assurance with DMHDD and the Department, provision of inpatient psychiatric services and meets the approval and enrollment of community hospitals providing Approval. The Illinois Department of Mental Health and Developmental Disabilities (DMHDD) and the Illinois Department of Public Aid (IDPA) are responsible for enrolled for the provision of inpatient psychiatric which assures that the hospital is enrolled for the following requisites: (a)
- standing with, the Joint Commission on Accreditation The hospital must be accredited by, and be in good of Health Care Organizations (JCAHO); 1
- The hospital must have executed a Coordination of Care Illinois Department of Mental Health and Developmental Agreement between the hospital and the designated Disabilities' State-operated facility serving the mentally ill in the appropriate geographic area; ii)
- collaborate with the mental health service network to provide discharge, linkage and aftercare planning for The clinical staff of the psychiatric clinic must recipients of outpatient services; 111)
- The hospital must agree to participate in Local Area Networks in compliance with P.L. 99-660 and P.A. 86-844; and iv)

Section 148.40(d)(1)(C)(i) (continued)

NOTICE OF ADOPTED AMENDMENTS

provisions made for the back-up care of patients when the clinic is not open;

- The laboratory, x-ray, and special therapy services must be available for clinic patients, as needed; 11)
 - iii) The pharmacy must be an integral part of the clinic organization; and
- The medical social services in the clinic must be integrated with those in the hospital. tv)
- appropriate equipment must be adequate to serve the number The size, location, interviewing, examining, and treating patients and ventilation, and lighting of accommodations for and needs of patients accepted by the clinic: Physical Setting and Equipment. Q

Records \mathbf{E}

- condition and contain all significant facts bearing on procedures, and medications ordered and their results, Clinic records must accurately reflect the patient's physical examination findings, laboratory and x-ray the case, i.e., history, symptoms and complaints, diagnosis, treatment given or recommended and the patient's response to treatment; and ;
- Clinic records must contain the dates of service and the name of the medical practitioner seeing the patient at the time of each clinic visit. 1i)

Psychiatric Clinic Services 2)

- Psychiatric Clinic Services (Type A). Type A psychiatric clinic services are clinic service packages consisting of Therapy (ECT); and counseling, provided in the hospital clinic setting for individuals through the age of therapy; medical control; optional Electroconvulsive diagnostic evaluation; individual, group and family twenty-one (21). A)
- individual patient is participating in no less than social, clinic services are active treatment programs in which the Psychiatric Clinic Services (Type B). Type B psychiatric B)

NOTICE OF ADOPTED AMENDMENTS

Section 148.40(d)(2)(D) (continued)

- conditions and requirements set forth by the Illinois The hospital must be enrolled to participate in Medicaid Program (Title XIX) and must meet all Department of Public Aid. >
- The approval described in subsection thirty (30) day written notification to IDPA and DMHDD when years from the date IDPA approves the psychiatric clinic's DMHDD with cause upon thirty (30) days written notice to enrollment. The approval may be terminated by IDPA or the hospital. Accordingly, the hospital must submit a (d)(2)(D) above shall be in effect for a period of two terminating delivery of psychiatric clinic services. Duration of Approval. (E

Physical Rehabilitation Clinic Services 3)

- rehabilitative services provided to inpatients by hospitals patient's condition is such that it does not necessitate Physical rehabilitation clinic services include the same 148.40(b). Clinic services should be utilized when the obtained on an outpatient basis through the hospital's enrolled to provide the services described in Section inpatient care and adequate care and treatment can be specialized clinic. A)
- Physical rehabilitation clinic services are not covered for Assistance) program participants who are 18 years of age or Family and Children Assistance (formerly known as General B)
- e.b. Transition to the Diagnosis Related Grouping Prospective Payment System (DRG PPS)
- Pert 149, as applicable. Hospitals designated as sole community 1992, through September 30, 1992. Hospitals that, on August 31, Effective with admissions occurring on or after September 1, 1991, and before October 1, 1992, hospitals shall be reimbursed designation and continue to be reimbursed under the methodology in accordance with Sections 148.80, 89-1117-Adm.-60de 148.160, 148.170, 148.250 148.240 through 148.300, or 89 III. Adm. Code Illinois Health Finance Reform Act (Ill, Rev. Stat, 1991, ch. 1991, had a contract in effect with the Department under the that was in effect on June 30, 1992, for the period July 1, hospitals effective September 1, 1991, shall retain that 23, par. 6501-1 et seg.) that elected to continue to be \Box

ILLINOIS REGISTER

3330

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.40(e)(1) (continued)

specialty care effective September 1, 1991, shall continue to be specialty care for the period July 1, 1992, through September reimbursed at rates stated in such contracts for general and reimbursed at rates stated in such contracts for general and

- Effective with admissions occurring on or after October 1, 1992, hospitals Hespitals that, on August 31, 1991, had a contract in and that elected, effective September 1, 1991, to be reimbursed Reform Act (III. Rev. Stat. 1991, ch. 23, par. 6501-1 et seq.) at rates stated in such contracts, may elect to continue to be reimbursed at rates stated in such contracts for general and effect with the Department under the Illinois Health Finance specialty care. 2)
- located in rural areas, those hospitals that shall be treated as methodologies to be used by the Department in reimbursing that sole community hospitals, as described in 89 Ill. Adm. Code Effective October 1, 1992 September-1, 1991, for hospitals 149.125(b), shall elect one of the following payment hospital for inpatient services: 3)
- the DRG PPS, as described in 89 Ill. Adm. Code 149, or
- the rate calculated under Sections 148.250 89-Illv-Admr Gode-148-240 through 148.300. B)

f)e> Annual Irrevocable Election

- Hospitals described in subsections $(e)\{b\}(2)$ and $(e)\{b\}(3)$ above described in subsections (e)(+)(2) and (e)(+)(3) above at the may elect to be reimbursed under the special arrangements beginning of each rate period on-an-annual-basks. 1
- Once a sole community hospital elects to be reimbursed under the еомжинату-новрател-эниза не-заскей зите тве тез жиземент-ейозе classified as exempt. Once a sole community hospital elects to DRG PPS, it may not later in that rate period year elect to be be reimbursed as exempt, it may not later in that rate period from-September-1-through-August-40-of-the-year-for-which-the year elect to be reimbursed under the DRG PPS. The-sele election-was-mader 2)
- Hospitals that, on August 31, 1991, had a contract with the Department under the Illinois Health Finance Reform Act may 3)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.40(f)(3) (continued)

September-1-through-August-31-of-the-year-for-which-the-cleetion contracts for general and specialty care. Once such election has been made, the hospital may not later in that rate period hoopital-shall-be-locked-into-the-reimbursement-ehoiee-from elect to continue to be reimbursed at rates stated in such year elect to be reimbursed under any other methodology.

- Department under the Illinois Health Finance Reform Act and have elected to be reimbursed under the DRG PPS may not later elect Hospitals that, on August 31, 1991, had a contract with the to be reimbursed at rates stated in such contracts. (†
- g.)d-) Notification of Reimbursement Methodology fer-Admissions-Geaurring-on er-After-September-1,-1991
- Hospitals shall receive notification from the Department with effect for admissions occurring during the rate period on-or respect to the reimbursement methodologies that shall be in after-September-1,-1991. 7
- reimbursement methodology that would have been in effect without reimbursement options accompanied by a Choice of Reimbursement of benefit of the election described in subsection (f) (e) above. (e)(b)(3) above shall have thirty (30) days from the date of event the Department has not received the hospital's Choice form. Each hospital described in subsections (e)(b)(2) and In the Reimbursement form within thirty (30) days from the date of Hospitals described in subsections (e) $\{b\}(2)$ and automatically be reimbursed for the rate period under the reimbursement method of choice for the rate period. such notification to file, with the Department, the (e)(b)(3) above shall receive notification of their notification, as described above, the hospital will 2)
- subsection-(d)(1)-above---Hospitals-that-request-enrollment-for Impatient-Physical-Rehabilitation-Services-(eategory-of-service with-an-effective-date-of-September-1,-1991,--Hospitale-that-de subsections-{a}{t}-and-{a}{t}-above-may-enrell-to-provide-such Новріталент не престив престить прести прести правод прести прести прести прести прести прести прести прести п subsection-(d)(1)-above-shall-be-enrolled-for-such-service(s) services-within-thirty-days-of-the-notification-deseribed-in not-request-enrollment-for-such-service(s)-within-the-time-Inpatient-Poychiatrie-Services-(eategory-of-service-21)-or 22}-within-thirty-days-of-the-motification-described-in 3

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

VOTICE OF ADOPTED AMENDMENTS

Section 148.40(g)(3) (continued)

period-described-above-shall-not-be-eligible-for-retrosetive ев во фанента

requires that zero balance bills be submitted subsequent to discharge eligible person, including newborns, regardless of payor, A "zero balance bill" is one on which the total "prior payments" are equal to Zero Balance Bills. The Department requires a hospital to submit a or exceed the Department's liability on the claim. The Department provisions of this subsection apply to all hospitals regardless of diagnosis-related grouping (DRG) data, and information needed for in the same manner as are other bills so that information can be bill for any inpatient service provided to an Illinois Medicaid available for the maintenance of accurate patient profiles and he reimbursement methodology under which they are reimbursed. calculation of disproportionate share and other rates. h

(Source: Amended at 17 Ill. Reg. 3296_, effective March 1, 1993)

Covered Hospital Services Section 148.50

- inpatient, and outpatient, and hospital-based clinic diagnostic and The Department shall pay hospitals for the essential provisions of treatment services not otherwise excluded or limited which are provided in compliance with hospital licensing standards. a)
- hospital services unless the hospital is enrolled with the Department specifically to provide hospital residing long term care services as Long term care services are not considered by the Department to be a hospital-based long term care facility. (q
- Level of Care Program, hospitals may be reimbursed for providing care to non-acute patients requiring chronic, skilled nursing hospital to be eligible for such reimbursement, the following Inappropriate Level of Care Program, Under the Inappropriate when a skilled nursing facility bed is not available. criteria must be met: 7
- The hospital must document its attempt to place the patient in at least five (5) appropriate facilities; and A)
- Documentation must be submitted to the Department at the time of billing. B)

ILLINOIS REGISTER

NOTICE OF ADOPTED AMENDMENTS

NOTICE OF ADOPTED AMENDMENTS

Section 148.50(b) (continued)

- 2) Reimbursement under the Inappropriate Level of Care Program is limited to services provided after the minimum number of contacts specified in subsection (b)(1)(A) above have been made. Reimbursement shall not be made for services which were billed as acute inpatient care and denied as not being medically necessary. Reimbursement shall be made for up to a maximum of 31 days before additional documentation must be submitted to extend the eligibility for additional reimbursement.
- 3) There are two levels of care and rates associated with the program:
- A) If the patient's needs reflect routine skilled care and the inability to place the patient is due to unavailability of a skilled nursing bed, the appropriate rate shall be the average skilled statewide rate for skilled nursing care.
- within a skilled setting, such as ventilator care, and the patient cannot be placed in a skilled nursing facility because the level of care is not available, the appropriate rate is the average statewide negotiated rate for exceptional care, as described in subsection (a)(4) below,
- to, persons with Acquired Immune Deficiency Syndrome (AIDS) or a ancillary specialist services with exceptional costs related to multi-disciplinary level of care and meet criteria as stated in extraordinary equipment and supplies that have been determined medical care required by persons who are medically stable and to be a medical necessity. This includes, but is not limited placement of an exceptional care person shall be as follows: Exceptional Care is the level of multi-disciplinary level of care for physician, nurse, and 89 Ill. Adm. Code 140.569(i)(2). The method utilized for residents currently residing in a facility who require a related condition, head injured persons, and ventilator Consideration may be given to those ready for discharge from a hospital but who require a Exceptional Care Program. dependent persons. 7
- If hospital residing long term care reimbursement is requested under the Exceptional Care Program, the discharging hospital in which the patient is located shall contact the IDPA Exceptional Care nurse assigned to their particular area.

Section 148.50(b)(4) (continued)

- B) If determined that the request for Exceptional Care is appropriate, the IDPA Exceptional Care nurse shall conduct an assessment at the hospital to determine if the patient meets Exceptional Care criteria.
- C) If the patient is approved by the IDPA Exceptional Care nurse, the patient may be transferred to the contracting nursing facility. The transfer process is the responsibility of the hospital discharge planner or social worker. The Exceptional Care nurse shall be notified of the date the patient has been discharged to the long term care facility.

(Source: Amended at 17 Ill. Reg. 3296., effective March 1, 1993)

Section 148.60 Hospital Services Not Covered as Hospital Services

Certain services, although included in the Medical Assistance Program and under certain circumstances provided in the hospital setting or by an entity associated with the hospital, are not reimbursed by the Department as hospital services currently provided in the hospital outpatient and hospital-based clinic setting are subject to fee-for-service payment methodologies. This means that for these services, hospitals shall be required to conform to the policies and billing procedures in effect for other non-hospital providers of services. Payment for these services shall be based on the same fee schedule that applies to these services when they are provided in the non-hospital setting. Services not covered or reimbursed as hospital services are as follows: Payment-fee-feeled-wing-services-shall-net-be-made to-a-hospital-reven-though-provided-in-a-hospital-

- a) Private Duty Nursing Services. Hospitals may not enroll to provide private duty nursing services. Hospitals are expected to provide all required nursing services, and generally, persons requiring special nursing care are placed in an intensive care unit.
- Hoopitale-shall-provide-all-required-nursing-servicess---Only-in extraordinary-instances in which a receptent a cendition-or the true extraordinary-instances in which a receptent a cendition or the check true condition and the contract of the contract of the provide will-approval-of a private date harms the considered anners are approval-of a private date harms the considered anners or a licensed practical units of the considered anners.
- 2) Payment-for-private-duty-nuraing-services-shall-be-made-only-to the-nurse-and-only-when-privar-approval has-been-giveny--A-

request.--Written-motiee-of-the-determination-shall-be-provided decision-to-approve-or-deny-a-request-for-private-duty-nursing gervice-ghall-be-made-within-one-day-of-the-date-of-the Within-ten-days.

- participants are not covered under the Medical Assistance Program. Sitter Services. Sitter services for hospitalized program (q
- in-which-hoopital-otaffy-volunteersy-relatives-or-friends-of-the in-which-the-condition-of-a-hospitalimed-recipient-necessitates given-to-approval-by-the-Department-only-in-those-unusual-cases Sitter-services-shall-be-provided-only-in-those-rare-instances a-sitter-to-wateh-at-the-bedside;-and-consideration-will-be reeipient-are-unable-to-provide-the-services. 4
- Раумеве-бог-өіккег-өемүкеев-өнаіл-ре-маде-өніу-кө-кhе-режөөв providing-the-service-and-only-when-prior-approval-has-been 4
- services. When dental services are provided in the outpatient/clinic setting of a hospital, the dentist shall submit charges to the Department according to the provisions of the Dental Program. Dental Services. Hospitals may not enroll to provide dental 0
- not reimbursed under 89 III. Adm. Code 140.400 shall be made only to hospitals that qualify for these payments under the Medicare Program Nurse Anesthetist Services. Payment for general anesthesia services (Title XIII) and shall be made to such hospitals when provided by a hospital employed nonphysician anesthetist (Certified Registered Nurse Anesthetist or "CRNA"). d)e
- Pharmacy Services. Policy and reimbursement for pharmacy services is pharmacy may enroll on a fee-for-service basis for services provided described in 89 Ill. Adm. Code 140.440 through 140.450. A hospital to a patient in: e
- A specified bed or special hospital unit which is certified for skilled nursing facility services under the Medicare Program: 1
- administratively associated with the hospital and is licensed as A special hospital unit or separate facility which is a long term care facility; 2
- The emergency room when the services provided are not true emergency services; or 3

ILLINOIS REGISTER

3336

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.60(e) (continued)

- The outpatient/clinic setting when the services provided are not unique to the hospital setting. (7
- medical transportation vehicles as a separate entity, e.g., a private for medical transportation services is described in 89 Ill, Adm. Code provided to persons admitted as inpatients. Policy and reimbursement nospital that owns and operates medical transportation vehicles that hospital may not submit a separate claim for transportation services Medical Transportation Services. A hospital that owns and operates are included on the hospital's cost report as a cost center of the corporation, must enroll as a medical transportation provider. 140.490 through 140.492. (J
- administratively associated with a hospital and that is certified for Home Health Services. Home health services are not considered by the Policy and reimbursement for home health services is described in 89 apply for participation for the provision of home health services. Department to be hospital services. A home health agency that is participation as a home health agency by the Medicare Program may 111. Adm. Code 140.470 through 140.474. 8
- treatment services may be found at 89 Ill. Adm. Code 148.340 through regarding reimbursement for subacute alcoholism and substance abuse acute alcoholism and substance abuse treatment services (i.e., detoxification) are covered as hospital services. Regulations Subacute Alcoholism and Substance Abuse Treatment Services. H

(Source: Amended at 17 Ill. Reg. 3296, effective March 1, 1993)

Limitation On Hospital Services Section 148.70

physician, and the care is essential as determined by the appropriate units reimbursed on a per diem basis under <u>Sections</u> 89-1117-Adm.-Gode shall not exceed the number of days approved for the recipient's care If Medicare benefits are not paid because of non-approval Payment for inpatient hospital care in general and <u>specialty epecter</u> 148.160 through 148.170 and 148.250 1487240 through 148.300, payment hospitals shall be made only when it is recommended by a qualified utilization review authority. For hospitals andfor distinct part by the utilization review authority, payment shall not be made on by the appropriate utilization review authority (see Section behalf of the Department. 148.240). a)

NOTICE OF ADOPTED AMENDMENTS

Section 148.70 (continued)

- For hospitals and for distinct part units reimbursed on a per case basis, payment for inpatient hospital services shall be made in accordance with 89 Ill. Adm. Code Part 149. p)
- services shall be made based on calendar days. The day of admission basis, under Sections 89-111-Adm--Gode 148.160 through 148.170 and day. If a recipient is admitted, discharged and re-admitted on the For hospitals, and/or distinct part units reimbursed on a per diem The day of discharge shall not be counted. An admission with discharge on the same day shall be counted as one 148.250 148.240 through 148.300, payment for in-patient hospital same day, only one day shall be counted. shall be counted. 0
- In obstetrical cases, payment for services to both the mother and the newborn child shall be made at one per diem rate, or one per case medical condition of the newborn, as certified by the utilization rate, whichever is applicable. Only in instances in which the nursery, shall payment be made in the child's name separately. review authority, necessitates care in other than the newborn P
- hospital, as defined in 89 Ill. Adm. Code 149.50(c)(1), shall be made All prepayment review shall be conducted by the Department's necessary, as determined by a physician licensed to practice medicine only when such services have been provided in accordance with federal inpatient in patient psychiatric services is subject to a prepayment following criteria exemplify the factors whieh that shall be used to regulations at 42 CFR Part 441, Subparts C and D. Payment for all Prepayment review shall be used to Payment for inpatient psychiatric hospital care in a psychiatric determine the medical necessity of inpatient psychiatric care: determine the appropriateness and necessity of the inpatient psychiatric care. Only inpatient psychiatric care medically in all its branches, will be reimbursed by the Department. designated peer review agent. (e
- The patient's condition indicates that he or she suffers from an inpatient hospital intervention (including, but not limited to: stress; acute danger to self or others; the medical necessity acute disabling symptoms as a response to bio-psycho-social for interventions possible only in an inpatient hospital acute psychological or physiological disorder requiring
- A comprehensive treatment plan has been developed and progress documented for the patient (including, but not limited to: physician's progress notes; participation in medical 5)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.70(e)(2) (continued)

psychotherapy; assessment of available rehabilitative resources; creation of treatment goals).

- Payment for transplant costs (with the exception of kidney and cornea Section 89-111-Adm--Gode 148.80(c) through (h). Payment for kidney when provided by an approved transplantation center as described in transplants), including organ acquisition costs, shall be made only center, but is only provided to hospitals reimbursed on a per case approved transplantation center. Payment for kidney acquisition costs does not require enrollment as an approved transplantation and cornea transplant costs does not require enrollment as an basis in accordance with 89 Ill. Adm. Code 149. (j
- Payment for end-stage renal disease treatment shall be made only when provided to recipients who have been screened by and meet medical criteria established by the Department of Public Health. 60

(Source: Amended at 17 Ill. Reg. 3296, effective March 1, 1993)

Section 148.120 Disproportionate Share Hospital (DSH) Adjustments

administrative rules governing the time period when the services were rendered, except as specifically indicated otherwise in this Part and with the following exception: beginning with State Fiscal Year 1993, adjustments under this Section shall be made effective on October 1, Hospitals located in a federally designated Health Manpower Shortage on July 1, 1991, shall be eligible for DSH adjustments for inpatient services provided July 1, 1992 through September 30, 1992, utilizing adjustments on June 30, 1992 shall continue to be eligible for such criteria described in (a)(3) if such designation had been effective ij September 30, 1992, in accordance with 89 Ill. Adm. Code 148,20(b), Qualified Disproportionate Share Hospitals (DSH). DSH adjustments for inpatient services provided prior to October 1, 1992, shall be 1992, and each October 1 thereafter, Hospitals qualified for DSH adjustments for inpatient services provided July 1, 1992 through hospital may qualify for a DSH disprepertionate-share adjustment the payment adjustment methodologies defined in the statutes and 1992, the Department shall make adjustment payments to hospitals inpatient services provided on or after duty-1,-1991, October 1, Area (42 CFR 5, 1989) on June 30, 1992, that would have met the which are deemed as disproportionate share by the Department. administrative rules which were in effect on June 30, 1992. the annual determination of those hospitals qualifying for determined and paid in accordance with the statutes and one of the following ways: a)

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(a) (continued)

- which an individual (including a newborn) is an inpatient in the inpatient days of care provided to Title XIX recipients compared Indigent (AMI) days but does include the types of days described hospital whether or not the individual is in a specialized ward The hospital's Medicaid inpatient utilization rate, in terms of (formerly known as General Assistance) and Aid to the Medically Title XIX specifically excludes Generał-Assistanee-(6A)-and-Aid to total inpatient days of care provided, is at least one half this paragraph, the term "inpatient day" includes each day in and whether or not the individual remains in the hospital for in subsection (c)(3) below Medieare/Medieaid-erossover-days. standard deviation above the mean Medicaid utilization rate. days of care provided to Family and Children Assistance lack of suitable placement elsewhere. 7
- charges for charity care (less payments for GA and AMI inpatient hospital services, and/or any local or state government-funded or state government-funded care, must be counted as a percentage (formerly known as General Assistance), 6A, AMI and/or any local percentage of total inpatient charges attributable to inpatient this alternative, payments for all patient services (not just of all net patient service revenue. To this percentage, the The hospital's low income utilization rate exceeds 25%. inpatient) for Medicald, Family and Children Assistance care) must be added. 2)
- Illinois receiving Medicaid medieal-assistance payments from the provisions of this subsection shall no longer apply effective on Illinois hospitals that, on July 1, 1991, were ere-located in a as defined in subsection (a)(1) above, that was is at least the Health Facilities Planning Board (77 III. Adm. Code 1100). The 989) and that had have a Medicaid inpatient utilization rate, Department and which were are located in a planning area with one-third or fewer excess beds as determined by the Illinois federally designated Health Manpower Shortage Area (42 CFR 5, mean Medicaid inpatient utilization rate for all hospitals in or after October 1, 1993. 3)

Illinois hospitals that: 4

have a Medicaid inpatient utilization rate, as defined in Illinois receiving Medicaid payments from the Department, Medicaid inpatient utilization rate for all hospitals in subsection (a)(1) above, which is at least the mean A)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(a)(4) (continued)

- also have a Medicaid obstetrical inpatient utilization rate hospitals in Illinois receiving Medicald payments from the Medicaid obstetrical inpatient utilization rate for all that is at least one standard deviation above the mean Department for obstetrical services. B)
- exclusively to caring for children. A hospital which includes a separately licensed as a hospital by a municipality shall be facility devoted exclusively to caring for children that is hospital's medieal-assistanee Medicaid care is provided to 5)4> Any children's hospital, which means a hospital devoted considered a children's hospital to the degree that the children.
- 111. Adm. Gode 148.240 through 148.300 or 89 111. Adm. Code Port Critical Care Access (CCA) Hospitals. CCA Gritical-Gare-Aecess Hospitals are hospitals reimbursed under Sections 148,250 89 149 that meet at least one of the following criteria: €9(9
- тре-вовратат-зо-тесовраться пред пред техня 10еаtеd-if-the-hospital-is-10еаtеd-within-50-miles-of-an Licensing-agency-in-the-state-in-which-the-hospital-is the-Illinois-Department-of-Public-Kealth-or-by-the Llineis-berderr ₽≯
- the-Illinois-Department-of-Public-Health-and-is-located-in Тhe-hөөріtal-ів-тесодпівсе-аз-а-ысте1-іІ-тамма-есптет-bу A-Purel-arear ₩
- ев-игвер-алеа-іп-а-евипеу-міер-ве-і-по-дече-і-і-елемпе-еевеег-аве the-Illineis-Department-of-Publie-Health-and-is-located-in <u>Т</u>he-hөвріtal-ig-жесоgnised-as-a-bevel-II-trauma-еспtе≖-by рточівев-а-віврторожії опасе-вһате-в£-еташма-ветчіеевт **⊕**
- новріта!-в-жедіеві-ввеівтве-транма-вфжіввіоне-by-the {а}{5}}{5}} total-medieal-assistanee-trauma-admissions-fer-such services-shall-be-ealeulated-by-dividing-each-such For-hospitalo-meeting-the-eriteria-in-subsection hөөрitalө-tө-аттivс-аt-thе-trauma-ретеепtаgет 4
- (a)(5)(6)-above-that-are-located-in-a-Health-Manpower Shortage-Area-(HMSA),-these-hospitals-with-a-trauma percentage-at-or-above-the-mean-of-the-individual-For-hespitals-meeting-the-eriteria-in-subsection **+++**

facility-values-determined-in-subsection-(a)(5)(6)(i) above-shall-be-deemed-to-provide-a-disproportionate Shere-of-trauma-services+

- Manpower-Shortage-Area-(HMSA),-those-hospitale-with-a trauma-регесптаве-that-is-at-least-the-mean-plus-sne standard-deviation-of-the-individual-facility-values determined-in-subscetion-(a)(5)(0)(i)-above-shall-be deemed-to-provide-a-disproportionate-share-of-trauma (a)(5)(6)-abowe-that-are-mot-located-in-a-Health <u> ттт</u> тот-коврісате-жеесінg-ске-стісетів-ін-вирвеесіон
- A)B The hospital is designated, as of the first day of July perinatal center by the Illinois Department of Public preceding the DSH determination year, as a Level II Health, is located in a rural area, and provides a disproportionate share of perinatal services.
- perinatal services shall be calculated by dividing perinatal admissions by its total Medicaid medieal (a)(6)(A)(5)(B) above, a disproportionate share of each such hospital's Medicaid medieal-assistemee For hospitals meeting the criteria in subsection assistemee admissions to arrive at the perinatal Ţ.
- perinatal percentage of 30 percent or above shall be For hospitals meeting the criteria in subsection (a)(6)(A)(5)(B) above, those hospitals with a deemed to provide a disproportionate share of perinatal services. 11)
- provides a disproportionate share of obstetrical services. B)B) The hospital is located in a rural area, as of the first day of July preceding the DSH determination year, and
- obstetrical services shall be calculated by dividing obstetrical admissions by its total Medicaid medient (a)(b)(b)(5)(E) above, a disproportionate share of assistemee admissions to arrive at the obstetrical each such hospital's Medicaid medieal-assistance For hospitals meeting the criteria in subsection percentage.

Section 148.120(a)(6)(B) (continued)

- obstetrical percentage of 20 percent or above shall be For hospitals meeting the criteria in subsection (a)(6)(B)(5)(5)(E) above, those hospitals with an deemed to provide a disproportionate share of obstetrical services. 11)
- 21, 1987. Hospitals that do not offer nonemergency obstetrics to the general public, with the exception of those hospitals described in 89 In the case of a hospital have agreed to provide obstetric services to individuals entitled to hospital must provide the Department, in writing, with the names of located in a rural area (that is, an area outside of a Metropolitan procedures. This requirement does not apply to a hospital in which 111. Adm. Code 149.50(c)(1) through (c)(4), must submit a statement the inpatients are predominantly individuals under 18 years of age; or does not offer nonemergency obstetric services as of December 22 In addition, to be deemed a DSH dispropertionate-share hospital, a at least 2 obstetricians with staff privileges at the hospital who Statistical Area, as defined by the Executive Office of Management staff privileges at the hospital to perform nonemergency obstetric and Budget), the term "obstetrician" includes any physician with such services under a State Medicaid plan. to that effect, (q
- In making the determination described in <u>subsections</u> subsection (a)(1) and (a)(4)(A) above, the Department shall utilize: ()
- The hospital's final audited cost report for the hospital's base Medicaid inpatient utilization rates, as defined in subsections subsection (a)(1) and (a)(4)(A) above, which have been derived from final audited cost reports, are not subject to the Review Procedure described in Section 89-444-Adm.-Gode 148.310, with fiscal year (ire-r-Galendar-Year-1986-fer-Fiscal-Year-1989 payments,-Galendar-Year-1987-for-Fiscal-Year-1998,-eter). the exception of errors in calculation. \Box
- In the absence of a final audited cost report for the hospital's nature of this information, hospitals shall have the opportunity base fiscal year-{irerr-Gakendar-Year-1986-for-Fiscal-Year-1989 Subsection (a)(1) and (a)(4)(A) above must be received no later described in subsections subsection (a)(1) and (a)(4)(A) above. Submittal of a corrected cost report in support of subsections PRYMEREST-CALERGRE YEAR-1052-+ APP-Fisch-Year-1000- - PECT. (10 Department shall utilize the hospital's unaudited cost report Due to the unaudited to submit a corrected cost report for the determination for the hospital's base fixed year. 2)

determination,-a-eorreeted-eoot-report-must-be-reeeived-no-later than the first day of July preceding the DSH determination year Fiseal-year for which the hospital is requesting consideration received in compliance with these time limitations will not be June-30-of-the-State-a-fiseal-year-immediately-preceding-the considered for the determination of the hospital's Medicaid of such corrected cost report for the determination of DSH then-June-30,-1991). Corrected cost reports which are not disprepertionate-share qualification-(irerr-fer-the-F¥192 inpatient utilization rate as described in subsections subsection (a)(1) and (a)(4)(A) above.

- Hospitals' Medicaid inpatient utilization rates, as defined in subsections subsection (a)(4)(A) and (a)(4)(A) above, which cost report information prior to the Department's final DSH hospitals shall have the opportunity to submit corrected subject to the Review Procedure described in Section 89 1111-Adm.-Gode 148.310, with the exception of errors in have been derived from unaudited cost reports, are not calculation. Pursuant to subsection (c)(2) above, dispropertionate-share determination. (A
- utilized for the DSH dispropertionate-share determination, utilization rate based upon the final audited cost report, described in subsections subsection (a)(1) and (a)(4)(A) utilization rate derived from the unaudited cost report the Department shall recalculate the Medicaid inpatient In the event a subsequent final audited cost report reflects a Medicaid inpatient utilization rate, as above, which is lower than the Medicaid inpatient and recoup any overpayments made. B)
- Medicaid utilization levels, HMO days and inappropriate level of Certain types of inpatient days of care provided to Title XIX Medicare/Medicaid crossover claims, out-of-state Title XIX care days. To obtain Medicaid utilization levels in these recipients are not available from the cost report, i.e., instances, the Department shall utilize: 3)
- hospital's base fiscal year (irery-Galendar-Year-1986-fer Fiseal-Year-1989-payments,-Galendar-Year-1987-for-Fiseal The Department will Year-1990,-eter). Effective with DSH dispropertionate share determinations for-State-Fiseal-Year-1992 on and utilize the Department's paid claims data for each Medicare/Medicaid Crossover Claims. (A

(P

ILLINOIS RECISTER

3344

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(c)(3)(A) (continued)

of Medicare/Medicaid crossover days. This log must include discharge, the number of covered days, and the total number during the hospital's base fiscal year. If a hospital does Medicare identification number, date of admission, date of include a patient account number or medical record number, Department and all Medicare/Medicaid crossover days which not submit a log of Medicare/Medicaid crossover days that meets the above requirements, the Department will utilize information to document Medicare/Medicaid crossover days information must be submitted in log form. The log must deductible and/or coinsurance amounts #f-the-measen-fer Medicare-and-other-third-partics-execeded-the-rate-that patient name, Medicaid recipient identification number, were not billed to the Department for services provided determination that the Department had no liability for after October 1, 1992, hospitals may submit additional виећ-а-фететтваттов-жав-жаве-ресаиве-раужевтве-ру the Department's paid claims data for the hospital's all Medicare/Medicaid crossover days billed to the would-have-been-paid-under-the-Medieaid-Program. which were not billed to the Department due to a applicable base fiscal year.

- utilization levels. The information submitted must include statements and verification reports from other states will only those days of care provided to out-of-state Medicaid be required to verify out-of-state Medicaid recipient Hospital recipients during the hospital's base fiscal year. Out-of-state Title XIX Utilization Levels. B)
- HMO days. The Department shall utilize the Department's HMO claims data for each hospital's base fiscal year to determine the number of inpatient days provided to recipients enrolled in an HMO. 0
- hospital's base fiscal year (irery-Galendar-Year-1986-fer Fiseal-Year-1989-payments,-Galendar-Year-1987-fer-Fiseal D)6+ Inappropriate Level of Care Days. The Department will utilize the Department's paid claims data for each Kear-1990,-eter).
- statement for the hospital's base fiscal year. The audited certified information prior to submittal to the Department for consideration: subsection (a)(2) by submitting an audited a certified financial Hospitals may apply for DSH disprepertionate-share status under financial statement must contain the following breakdown of

63

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(d) (continued)

- inpatient and outpatient, for the hospital's base fiscal year. Total hospital net revenue for all patient services, both 7
- governments for all patient services, both inpatient and Total payments received directly from State and local outpatient, for the hospital's base fiscal year. 2)
- must not include contractual allowances, bad debt or discounts, Total gross inpatient hospital charges for charity care (this except contractual allowances and discounts for GA and AMI patients), for the hospital's base fiscal year. 3
- Total amount of the hospital's gross charges for inpatient hospital services for the hospital's base fiscal year. (4)
- methods method as described in subsections subsection (g) through (m) qualify for DSH hospital adjustments under subsections (g) and (k) of Security Act, out-of-state hospitals will be measured in relationship they are located based upon the Federal definition of a DSH hospital, the-determination-deseribed-in-subsection-(a)(1)-abover-out-of-state inpatient utilization rate from their state may submit an audited a certified financial statement as described in subsection (d) above. inpatient days of care to Illinois program participants, only those cost-reporting hospitals that qualify for DSH in the state in which Payments to out-of-state hospitals will be allocated using the same children's hospitals in contiguous states that provide 100 or more Payments-to-Partieipating-Out-of-State-Hospitals.--For-purposes-of With the exception of For purposes of determining the Medicaid inpatient utilization rate, as required in Section 1923(b)(1) of the Social Out-of-state hospitals which that do not qualify by the Medicaid as defined in Section 1923(b)(1) of the Social Security Act, may hoopitajo-will-be-measured-in-relationship-to-the-mean-Medicaid to the mean Medicaid inpatient utilization rate in their state. inpatient-utilisation-rate-in-their-stater this Section. (e)
- Time Limitation Requirements for Additional Information Requirements. (j
- Beginning with the October 1, 1992, DSH determination year State share, the information required in subsections (a)(2), $\{b\}_{\tau}$ (c), than the first day of July June-30th-of-the-state-s-fiseal-year information for the determination of DSH dispropertionate-share (d) and (e) and-subsection-(j)(2)(B) must be received no later FISCRI-YCRF-1993-(UFY:03") - ACTOFRIBATIONS FOF AISPEADER FAHALE +mmediately preceding the DSH determination fissest year for which the hospital is requesting consideration of such 7

LLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(f)(1) (continued)

compliance with these limitations will not be considered for the determination of those hospitals qualified for DSH adjustments Information required in this section which is not received in information-must-be-received-no-later-than-June-30,-1992). qualification (i-e-,-fer-the-F¥-93-determination) dieproportionate-share.

- compliance with these limitations will not be considered for the determination of those hospitals qualified for DSH adjustments. received within 30 calendar days after receipt of notification Beginning with the October 1, 1992 DSH determination year, the information required in subsections (b) and (j)(5)(B) must be Information required in this Section which is not received in from the Department that the information must be submitted. 2)
- Hospitals. The adjustment payments required by subsection (a) above Inpatient Payment Adjustments to DSH Bispropertionate-Share shall be calculated annually as follows: (g
- standard deviation above the mean Medicaid inpatient utilization subsection (a)(2) will receive a five dollar (\$5) per day add-on deviation above the mean Medicaid inpatient utilization rate, in remaining fund balance is then distributed to the hospitals that impatient utilization rate exceeds one standard deviation above calculated by multiplying each hospital's most recent completed fiscal year Medicaid inpatient utilization data (adjusted based The total dollar amount of (a)(2) will receive an add-on payment to their inpatient rate. proportion to the percentage by which the hospital's Medicaid done by finding the ratio of each hospital's percent Medicald deviation above the mean Medicaid inpatient utilization rate. Hospitals qualifying as DSH disprepertionate-share hospitals to their current rate. The total cost of this adjustment is utilization to the State's mean plus one standard deviation and hospitals qualifying as DSH hospitals under subsection qualify under subsection (a)(1) above that have a Medicaid inpatient utilization rate which is at least one standard rate, and all hospitals qualifying as DSH hospitals under inpatient utilization rate which is at least one standard The distribution method is based upon a fund of \$5M. All Medicaid inpatient utilization rate which is at least one under subsection subsections (a)(1) that have a Medicaid hospitals qualifying under subsection (a)(1) that have a this calculation is then subtracted from the \$5M fund. upon historical utilization and projected increases in the State's mean Medicaid inpatient utilization rate. utilization) by five dollars (\$5). 1

Section 148.120(g)(1) (continued)

initial five dollars (\$5) per day add-on amount) is then divided recent completed fiscal year paid inpatient day values (adjusted inpatient day. The adjustments calculated under this subsection are subject to the adjustments described in subsections (h) and proportional values are then multiplied by each hospital's most These ratios are then summed and each The total dollar amount calculated for each hospital (plus the the five dollars (\$5) per day base add-on has been subtracted. calculated. Each individual hospital's proportional value is then multiplied against the \$5M pool of money available after by the inpatient day projections to arrive at per day add-on based upon historical utilization and projected increases in Hospitals qualifying under subsection (a)(2), will hospital's proportion of the total is calculated. These utilization). These weighted values are summed and each receive the minimum adjustment of five dollars (\$5) per hospitals proportion of the summed weighted value is (i) and the limitations described in subsection (m). percent Medicaid value.

- (4) hospitals described in subsections (a)(1), (2), (3), and $\frac{1}{2}$ and $\frac{1}{2}$ shall receive a payment adjustment which will be subsection (g)(1) above, all DSH disprepertionate-share In addition to the adjustment methodology described in calculated annually as follows: 2)
- in subsection (a)(1) and subject to subsections (h) and (i) hospital's Medicaid inpatient utilization rate, as defined shaii-be-multiplied-by-.0734,-the-product-which-shail-then below, as follows: The-hospital-s-inpatient-payment-rate The payment adjustment shall be calculated based upon the be-multiplied-by-the-sum-of-the-following+ (Y
- Hospitals with a Medicaid inpatient utilization rate adjustment of \$275; the-hospital-s-secupancy-ratio of 75 percent or above shall receive a payment multiplied-by-+75+ į)
- Hospitals with a Medicaid inpatient utilization rate hospitel-s-Medieaid-inpatient-utilisation-matej-and of at least 50 percent, but less than 75 percent. shall receive a payment adjustment of \$175; the ii)
- Hospitals with a Medicaid inpatient utilization rate of at least 40 percent, but less than 50 percent, shall receive a payment adjustment of \$150; the hospital-a-Medienre-utilination-differentialiii)

ILLINOIS REGISTER

a complete the

DEPARTMENT OF PUBLIC AID

66

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(g)(2)(A) (continued)

- Hospitals with a Medicaid inpatient utilization rate of at least 30 percent, but less than 40 percent, shall receive a payment adjustment of \$100; and iv)
- Hospitals with a Medicaid inpatient utilization rate less than 30 percent shall receive a payment adjustment of \$85. >
- calculated pursuant to subsection (g)(2)(A) above shall be For hospitals described in subsection (i), the amount increased by \$25. B)
- Department of Public Health, the amount calculated pursuant designated as a Level III perinatal center by the Illinois to subsection (g)(2)(B) above shall be increased by \$150. For hospitals described in subsection (i) that are 0
- of each year thereafter, by the annual percentage change in adjusted on October 1, 1992, and on the first day of July above for a hospital described in subsection (i) shall be reported in the most recent annual Medicaid cost report. The amount calculated pursuant to subsection (g)(2)(C) the per diem cost of inpatient hospital services as 0
- be adjusted on October 1, 1993, and annually thereafter, by above for a hospital not described in subsection (i) shall The amount calculated pursuant to subsection (g)(2)(A) a percentage equal to the lesser of: (E)
- recent 12 month period for which data are available; or price proxies (DRI) hospital cost index for the most The increase in the national hospital market basket Ţ
- The percentage increase in the statewide average hospital payment rate over the previous year's statewide average hospital payment rate. ii)
- E)B+ For hospitals paid on a per diem basis and those reimbursed applicable amount calculated under subsections (g)(1),-(h), (+),-(+)(2),-(k)(2)-and-(+)(2) (j) and (k) of this Section under 89 Ill. Adm. Code 148.80(g), the amount calculated shall be the inpatient payment adjustment in dollars for pursuant to subsections (g)(1) and subsection (g)(2)(A)above, as adjusted pursuant to subsections (h) and (i) below, shall-be-added-te-20,-and-this-sum plus any

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(g)(2)(F) (continued)

the applicable DSH determination figer year, subject to subsection shall be applied to each covered day of care Section. The adjustment adjustments calculated under the limitations described in subsection (m) of this subsections (g)(1) and (g)(2) of this Section this provided.

- and (i) below, shall-be-added-te-20,-the-sum-of-which shall be multiplied by the hospital's average length of stay, and subsection (m) of this Section. The adjustments calculated subsections (g)(1),-(h),-(i),-(j)(2),-(k)(2)-and-(1)(2) (j) adjustment in dollars for the applicable DSH determination calculated, pursuant to subsections (g)(1) and subsection under subsections (g)(1) and (g)(2) of this Section shall (g)(2)(A→ above, as adjusted pursuant to subsections (h) For hospitals paid on a per discharge basis, the amount and (k) of this Section shall be the inpatient payment this sum plus any applicable amount calculated under fieeel year, subject to the limitations described in be applied to each covered discharge. (9(5)
- hospitals, as defined in subsection (a)(5)(4), the Medicaid inpatient For children's utilization rate amount-ealeulated-purguant-to as defined in subsection (a)(1) {g}{2}{2}{4} shall be multiplied by 2.0. Children's Hospital Inpatient Payment Adjustment. h)
- million in population, the Medicaid inpatient utilization rate amount County Hospital Inpatient Payment Adjustment. For county hospitals, ealeulated-pureuent-te as defined in subsection (a)(1) (g)(2)(A) defined as an Illinois a county hospital in a county of over 3 above shall be multiplied by 2.75. ÷
- Targeted Access Impatient Payment (IAP) Adjustment. Ţ
- adjustments shall be determined in accordance with subsections hospitals qualified for TAP Adjustments on June 30, 1992 shall APP-defined-as-hospitals-qualifying-for-disproportionate-share For the period July 1, 1992 through September 30, 1992, those Targeted-Access-Hospitala-(JAP) reimbursed-under-89-111-Adm.-Gode-148.240-through-148.300-or Ряме-149-ем-енае-месе-ае-least-вве-вре-ере-бојјом÷пя-емітеріа+ adjustment for the period July 1, 1992 through September 30, under-aubacetions-(n)(1),-(2),-(3)-and-(4)-above,-that-are The payment 148.20(b)(2). Effective on or after October 1, 1992, TAP .992, shall be calculated in accordance with Section continue to be eligible for such adjustments. (j)(2) through (j)(7) below. 1

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(j)(1) (continued)

- Тhе-hөвріtа1-is-leeated-in-an-umban-area-and-has-500-вж fewer-beds-as-determined-by-the-Illinois-Department-s£ Publie-Healtht-er Ŧ
- £емет-beda-ва-determined-by-the-Illinois-Department-of Тhe-hoopital-is-loested-in-a-rums1-amea-and-has-275-ож Publie-Health;-or H)
- The-hospital-is-a-children-s-hospital-as-defined-in subscetion-(a)(4)-abover €9
- Татgeted-Аесева-Іпраtіевt-Раумевt-Афјивtмевtв-ате-дететня £0110W8+ 4

2)A+ Medicaid Percentage Adjustment.

- shall qualify for the TAP Medicaid percentage adjustment if Hospitals qualifying for DSH adjustments under subsections Sections 148.250 through 148.300 or 89 III. Adm. Code 149, (a)(1), (2), (3), (4) or (5) that are reimbursed under they meet at least one of the following criteria: (Y
- or fewer licensed beds as determined by the Illinois The hospital is located in an urban area and has 500 Count, Average Length of Stay, Average Daily Census Department of Public Health (IDPH), based upon the and Percent Occupancy for Non-Federal Hospitals in Department of Public Aid in the month immediately most current IDPH published report entitled "Bed Illinois", which is available to the Illinois preceding the DSH determination year; or
- The hospital is located in a rural area and has 300 or Count, Average Length of Stay, Average Daily Census fewer licensed beds as determined by the Illinois Department of Public Health (IDPH), based upon the and Percent Occupancy for Non-Federal Hospitals in Department of Public Aid in the month immediately most current IDPH published report entitled "Bed Illinois", which is available to the Illinois preceding the DSH determination year; or 11)
- iii) The hospital is a children's hospital as defined in subsection (a)(5) above.

NOTICE OF ADOPTED AMENUMENTS

Section 148.120(j)(2) (continued)

- shall meeeive-an-adjustment- be calculated based upon the Aeeess-Hospitals,-as-defined-in-subsection-(j)(1) above, their eligible hospital's Medicaid inpatient utilization hospitals, as defined in subsection (j)(2)(A) Fargeted The TAP Medicaid percentage adjustment for eligible rate as defined in subsection (a)(1) above. B)
- Medicaid medieal-assistence admission in the IAP targeted individual hospital's Medicaid inpatient utilization rate other eligible hospitals shall receive an adjustment per admission in the TAP targeted-access base year and all Eligible hospitals Hespitals with a Medicaid inpatient adjustment of \$70.00 per Medicaid medieal-assistance meeess base year which is calculated by dividing the utilization rate of 35% or above shall receive an by 35% and multiplying the result by \$70.00. 0

3)8 Obstetrical Care Adjustment.

- qualify for DSH adjustments under subsections (a)(1), (2), (3) or (4), are reimbursed under Sections 148.250 through requirements of subsection (b) above, shall receive a TAP obstetrical care adjustment if they meet at least one of the following criteria an Obstetries! Gare-Adjustment-as 148.300 or 89 Ill. Adm. Code 149, provide nonemergency Hospitals defined-in-subsection-(j)(1)(A)-and-(B) that obstetrical services, and that have complied with the A)
- or fewer licensed beds as determined by the Illinois The hospital is located in an urban area and has 500 Count, Average Length of Stay, Average Daily Census Department of Public Health (IDPH), based upon the and Percent Occupancy for Non-Federal Hospitals in Department of Public Aid in the month immediately most current IDPH published report entitled "Bed Illinois", which is available to the Illinois preceding the DSH determination year; or Ţ
- The hospital is located in a rural area and has 300 or Count, Average Length of Stay, Average Daily Census and Percent Occupancy for Non-Federal Hospitals in. Department of Public Health (IDPH), based upon the fewer licensed beds as determined by the Illinois most current IDPH published report entitled "Bed ;i)

ILLINOIS REGISTER

1352

DEPARTMENT OF PUBLIC AID

VOTICE OF ADOPTED AMENDMENTS

Section 148.120(j)(3)(A)(ii) (continued)

Department of Public Aid in the month immediately Illinois", which is available to the Illinois preceding the DSH determination year.

- The TAP obstetrical care adjustment for eligible hospitals, as defined in subsection (j)(3)(A) above, shall include: B)
- assistance obstetrical admission in the IAP targeted an adjustment of \$680.00 per Medicaid medieal eeeess base year; and Ţ
- provided by all targeted-access-hospitals (obstetrical aeeees base year and all other qualifying hospitals an adjustment equal to the individual hospital's Medicaid an additional adjustment, up to \$340.00 per Medicaid targeted-access base year, based upon the hospital's obstetrical admissions to the obstetrical admissions admissions a \$340.00 adjustment per Medicaid medieal assistance obstetrical admission in the IAP targeted medieal-assistance obstetrical percentage divided by medical-assistance obstetrical admission in the IAP admission percentage is the ratio of the hospital's the obstetrical percentage of the hospital with the nighest obstetrical percentage, the result of which pereentage | qualified for the TAP obstetrical care obstetrical admission percentage. The obstetrical The adjustment shall be calculated by giving the hospital providing the most obstetrical shall then be multiplied by \$340.00. adjustment. ii)

4)6) Children's Care Adjustment.

- Hospitals shall receive a TAP children's care adjustment if they meet the following criteria: (Y
- The hospital qualifies for DSH adjustments under subsections (a)(1), (2), (3), (4), or (5); Ţ
- The hospital is reimbursed under 89 III. Adm. Code 148.250 through 148.300 or Part 149; and ii)
- iii) The hospital provides services to children (defined as under the age of 18 and which excludes obstetrical services).

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(j)(4) (continued)

- that-provide-services-to-children-(defined-as-under-the-age percentage in accordance with subsection (j)(4)(C) below. of-18-and-which-exeludes-obstetries1-services) shall be based upon the eligible hospital's children's admission hospitals, as defined in subsection (j)(4)(A) above (1) The TAP children's care adjustment for eligible All B)
- Medicaid medieal-assistanee children's admission in the IAP targeted-access base year by each eligible hospital's total adjustment Shildren-s-Gare-Adjustment of up to \$600.00 per Medicaid medieal-assistence admissions in the TAP targeted calculated by dividing each eligible hospital's Medicaid Eligible hospitals shall receive a TAP children's care aeeees base year to arrive at the children's admission The adjustment shall be medieal-assistanee children's admissions in the IAP targeted-access base year. percentage. 0
- adjustment of \$600.00 for each Medicaid medieal-assistance medieal-assistane children's admissions shall receive an children's admission in the TAP targeted-access base year hospital's children's admission percentage divided by the and all other qualifying hospitals shall receive an adjustment equal to \$600.00 multiplied by the individual children's admission percentage of the hospital with the The hospital with the highest percentage of Medicaid highest children's admission percentage. (Q

5)B) Ambulatory Care Network Adjustment.

A)

- for the TAP ambulatory care network adjustment if they meet 2), (3) or (4) that are reimbursed under Sections 148.250 through 148,300 or 89 Ill. Adm. Code Part 149 may qualify qualifying for DSH adjustments under subsections (a)(1), Hospitals defined-in-subscetion-(j)(1)(A)-and-(B) at least one of the following criteria:
- The hospital is located in an urban area and has 500 or fewer licensed beds as determined by the Illinois Count, Average Length of Stay, Average Daily Census Department of Public Health (IDPH), based upon the and Percent Occupancy for Non-Federal Hospitals in Department of Public Aid in the month immediately most current IDPH published report entitled "Bed Illinois", which is available to the Illinois preceding the DSH determination year; or Ţ

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(j)(5)(A) (continued)

- The hospital is located in a rural area and has 300 or Public Health (IDPH), based upon the most current IDPH Tewer beds as determined by the Illinois Department of for Non-Federal Hospitals in Illinois", which is available to the Illinois Department of Public Aid in the month immediately preceding the DSH determination published report entitled "Bed Count, Average Length of Stay, Average Daily Census and Percent Occupancy 11)
- Adjustment TAP ambulatory care network adjustment, eligible hospital-operated primary care clinics or a reduction of 20 network adjustment. To receive the Ambulatery-Gare-Network percent or more in the number of visits provided by primary the Ambulatory-Gare-Network-Adjustment IAP ambulatory care hospitals as-defined-in-subsection-(j)(1)(A)-and-(B) shall be required to enter into an agreement with the Department which describes in detail their involvements in ambulatory advance of any action which would result in a reduction of (j)(5)(A) above shall complete and submit the Ambulatory Care Network Questionnaire in order to be considered for care physicians. The Ambułatory-Gare-Network-Adjustment Hospitals shall be required to notify the Department in IAP ambulatory care network adjustment shall consist of Hospitals meeting the criteria described in subsection 20 percent or more in the number of visits provided by care, and includes commitments to maintain operations. three (3) possible individual adjustments as follows: B)
- Questionnaire shall receive the following adjustments Hospitals reporting the following number of physician per total Medicaid medical-assistance admissions admission in the TAP targeted-access base year: office visits on the Ambulatory Care Network

Adjustment	\$ 00.00 \$125.00 \$145.00
Rural Threshold	5,000 - 10,000 10,001 - 50,000
Rural	5,000
Urban Threshold	10,000 - 40,000 40,001 - 100,000 100,001 and over

subsection (j)(5)(B)(2)(B)(1) above shall receive an additional \$15.00 per total Medicaid medient-Hospitals qualifying for an adjustment under (11)

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(j)(5)(B)(ii) (continued)

agreement with City of Chicago Partnerships in Health assistance admissions admissions admission in the TAP targeted access base year if they have a formal linkage or Medicaid Partnerships.

- agreement with a Federally Qualified Health Center, a subsection (j)(5)(B)(2j(B)(i) above shall receive an assistance admissions admission in the TAP targeted County Health Clinic, or a Rural Health Clinic. aeeeee base year if they have a formal linkage additional \$135.00 per total Medicaid medient Hospitals qualifying for an adjustment under iii)
- calculated in subsections (j)(2) through (j)(5) for children's hospitals, as described in subsection (a)(5), the sum of the shall be multiplied by the following applicable percentages. adjustments calculated in subsections (j)(2) through (j)(5) TAP Index Adjustment. With the exception of adjustments which are based upon each hospital's Medicaid inpatient utilization rate as defined in subsection (a)(1): (9
- For those hospitals with a Medicaid inpatient utilization rate of 45 percent or above, the applicable percentage is 110 percent. (A
- rate of at least 25 percent, but less than 45 percent, the For those hospitals with a Medicaid inpatient utilization applicable percentage is 50 percent. B)
- rate of less than 25 percent, the applicable percentage is For those hospitals with a Medicaid inpatient utilization 25 percent. 0
- defined-in-subsection-(j)(1)-above, shall receive the applicable payment adjustment adjustments described in subsection (4)(2)-, (j) of this Section, in addition to any applicable adjustments (1)(2) (g) and (k) of this Section, subject to the limitations described in subsections (g)(1), (g)(2), (h), (h), (h), (h)(2)Access-Rayment-Adjustments IAP adjustments shall be paid to 7)3> Tergeted-Aeeess Hospitals eligible for TAP adjustments,-as The Targeted described in subsection (m) of this Section. eligible hospitals on a quarterly basis.
- Critical Care Access (CCA) Impatient Payment Adjustments. For the period July 1, 1992 through September 30, 1992, those hospitals qualified for CCA payment adjustments on June 30, 1992, shall ξ

ILLINOIS REGISTER

31,16 8.6

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(k) (continued)

continue to be eligible for such adjustments. The payment adjustment OL calculated in accordance with Section 148.20(b)(2). Effective on for the period July 1, 1992 through September 30, 1992, shall be after October 1, 1992, CCA adjustments shall be determined in accordance with subsections (k)(1) through (k)(4) below.

- CCA hospitals Gritient-Gare-Access-Hospitals are those hospitals meeting one or more of the criteria described in subsection (a)(6)(5) above.
- CCA Gritieal-Access-inpatient payment adjustments are determined as follows: 5
- Level--I-Trauma-Adjustment.--Hospitals-meeting-the-eriteria defined-in-subsection-(a)(5)(A)-above-shall-receive-an ефічеттет-об-69,600,00-рег-тефісеі-ввыявее-ствите admission-in-the-eritiesi-ear-access-base-year-¥}
- eriteria-defined-in-subsection-(a)(5)(8)-shall-receive-an Level-II-Rural-Trauma-Adjustment---Hospitals-meeting-the adjustment-of-\$9,400,00-per-mediesl-assistanee-trauma афжізвізп-іп-тре-егітіскі-евте-весевв-раве-усат 184
- eriteria-defined-in-subsection-(a)(5)(6)-shall-receive-an Level-II-Vrban-Trauma-Adjustment---Иозріtаls-meeting-the adjustment-of-\$9,400.09-per-medieal-assistance-trauma admission-in-the-eritiesi-eare-access-base-year. €9
- Hospitals meeting the assistance perinatal admission in the CCA emitical-eare receive an adjustment of \$825.00 per Medicaid medieal criteria defined in subsection (a)(b)(b)(b)(b) shall Level II Rural Perinatal Adjustment. aeeeee base year. A)B)
- criteria defined in subsection (a)(6)(B)(5) ξ B/ ξ B/all receive an adjustment of \$675.00 per <u>Medicaid medecal-easistence</u> obstetrical admission in the <u>CCA efftéal-eare-accesse</u> base B)E> Rural Obstetrical Adjustment. Hospitals meeting the
- Section that also qualify as Gritieal-Gare-Access-Hospitals CCA subsection (k)(2) of this Section in addition to any applicable Hospitals qualifying as DSH disprepertionate-share hospitals under subsections (a)(1), (2), (3), and (4) or (5) of this hospitals under subsection (a)(6)(5) of this Section shall receive the applicable payment adjustments described in

3)

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(k)(3) (continued)

adjustments described in subsections {g}{t}}-{g}{t}-{g}{t}-{h}{r}-{h}{r}-{t}{t} (4)(2)-and-(1)(2) (g) and (j) of this Section, subject to the limitations described in subsection (m) of this Section. The CCA Gritient-Gare-Aeeess payment adjustments shall be paid to eligible hospitals on a quarterly basis.

- Hospitals that qualify as DSH disprepertionate-share hospitals addition-to-any-applicable-adjustment-deseribed-in-subsectionsolely under subsection (a)(6)(5) above shall not be eligible or any adjustments described in subsections (g) through (j). (1)(2)-and-shall-be paid to eligible hospitals on a quarterly The CCA Gritient-Gare-Aeeess payment adjustments shall be in (+
- Disprepertionate-Share DSH Uncompensated Care Payment Adjustment 1)
- The Department shall make disproportionate share uncompensated ###--Adm--Gode 148.170, 148.250 #48-240 through 148.300 and 89 through (a)(6)(5) above that are reimbursed under <u>Sections</u> 89 III. Adm. Code Part 149 in accordance with this subsection. care payments to hospitals described in subsections (a)(1)1)
- multiplying-the-number-of-Medicaid-days-provided-by-the-hospital Department-within-30-days-of-reeeipt-of-the-first-payment-of-the utilisation-and-projected-increases-in-utilisation)-by-\$41-70in-State-Fiseal-Year-1990-(and-adjusted-based-upon-histories! The-hospital-has-the-right-to-appeal-this-determination-if-it hospital's uncompensated care payment shall be calculated and paid in accordance with the statutes and administrative rules governing the time period when the services were rendered by believes-a-technical-error-has-been-made-in-the-ealeulationr The-appeal-must-be-in-writing-and-must-be-received-by-the For the period August 1, 1991 through July 31, 1992, the инеемренватее-евте-раумент-вајивтмент. 2)
- The-Uncompensated-Gare-payment-adjustments-shall-be-in-addition to-any-applicable-adjustments-deseribed-in-aubseetisns-(g)(l), (g)(2);-(h);-(i);-(i);-(j)(2)-and-(k)(2)-and-shall-be-paid-te eligible-hespitals-en-quarterly-hasis-33
- year, each hospital shall submit, on or before January 15, 1992, As a condition of eligibility for an uncompensated care payment service information to the Department for the period August 1, the following inpatient, outpatient and hospital-based clinic adjustment during the August 1, 1991, uncompensated care_rate 1990 through July 31, 1991: 3)4)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(1)(3) (continued)

- The dollar amount of uncompensated care charges rendered in the period described above. (Y
- (Article VI of the Public Aid Code) or Aid to the Medically The dollar amount of charges rendered during this period reimbursed by the Department under General Assistance Indigent (Article VII of the Public Aid Code). B)
- The dollar amount of Medicaid charges rendered in the period described above. 6
- The dollar amount of total charges for care rendered in the period described above. (a
- contingent upon the Department's receipt of the data described This payment is For the period August 1, 1992 through September 30, 1992, the hospital's uncompensated care payment shall be calculated in in subsection (1)(3) above in accordance with the time limitation described in subsection (1)(3) above. accordance with 89 Ill. Adm. Code 148.20(b), 7
- As-a-condition-of-cligibility-for-an-uncompensated-care-payment вивтієт-оп-ог-веботе-Остовет-1-об-тне-инсотрензатен-тате August-1,-1992,-and-thereafter,-each-hospital-shall-annually аффиветеле-фиттпр---инеомренватеф-евте-тате-уевтв-редтинтпр Fear,-the-following-information-to-the-Department+ 49
- The-dollar-amount-of-uncompensated-eare-eharges-rendered-in the-ртеч±оня-чиеомреваted-еаге-таtе-уевгт ₽
- Тhe-dollar-amount-of-Medieaid-eharges-rendered-in-the ртечтоцв-инеомревесее-евге-тете-B →
- Тре-фоддет-емечес-об-сесед-сражесо-бег-секе-жераненртечіоца-ингентревантен-евте-тате-уевтт €9
- The-data-submitted-under-(4)-and-(5)-above-shail-be-a-statement 手当内の内でき出土一の手手もでかってからのおうとして大ややめもさないののますまでいず のいかもうまかをいた それ・それの for-the-uncompensated-eare-rate-vear-aigned-by-the-chief BOOMFROW-OF-tho-data-submittod, +9
- А11-нояртенда-редитрей-се-зирште-сеяс-рережта-ти-веевравее-with Fisent-Year-1000-аны-t-he-etigible-far-an-ынсемрениисеd-сате 80-111-Adm--Code-148-210(n) that provided-Medienid-daya-in payment-ndianatment-tor-the ancompensated ense-rate-vers-4

VOTICE OF ADOPTED AMENDMENTS

Section 148.120(1)(7) (continued)

beginning-August-1,-1991,-oubject-to-the-reporting-requirements of-(4),-(5}-and-(6}-above-

- the-Department-may-consider-in-determining-whether-a-signifient rate-yeare-beginning-August-1,-1992,-and-thereafter-1f-the-data decrease-in-the-level-of-uncompensated-eare---This-determination deerease-in-the-level-of-uncompensated-eare-provided-from-August eare-provided-from-August-1990-through-July-1991.--Factors-which decrease-in-uncompensated-eare-has-seeurred-m<u>ay-inelude</u>y-but-not be-limited-to,-a-change-in-goeio-conomic-changeterististics-1991-through-July-1992-as-compared-to-the-level-of-uncompensated year-of-August-1,,-1990,--through-July-31,-1991,--For-purposes-of eharges-for-services-reimburged-by-the-Department-under-General rate-yeare-shally-in-addition-te-ite-usual-definition,-inelude (Amtiele-VII),---For-example,-eligibility-for-a-payment-for-the supplied-under-(4);-(5)-and-(6)-above-indicates-a-significant August-1,-1990,-through-July-31,-1991,-and-in-subsequent-eare payment-adiustment-under-this-Seetism-for-uncompensated-eare provided-in-the-immediately-previous-uncompensated-eare-rate уевт-тө-тртом премезната пременения пременения при пременения прем инеомренватее - евте-тате-уевт-ведіннінд-Аидивт-1992-вна11-ве this-determination,-uncompensated-eare-in-the-base-year-of will-be-made-by-eemparing-the-level-of-uncompensated-eare 4ssistance-(Article-Vi)-and-Aid-to-the-Medically-Indigent A-hospital-will-not-be-eligible-for-an-uncompensated-eare **★8**
- Reimbursement-for-unesmpensated-eare-рауменt-adjustments-shall be-made-on-a-quarterly-basis, payable-te-the-hospital-in-the querter-following-each-quarter-for-which-the-hospital-is евететен се премествен преметен премете 6
- Seetion-5-17-of-the-Publie-Aid-Gode-that-hospitals-provide-equal to-imply-that-a-hoopital-that-is-ineligible-for-an-uneompensated eare-payment-adjustment-has-nst-met-the-requirements-of-Section Publie-Aid-Goder--Nothing-in-this-subsection-shall-be-construcd e±tgible-for-aosistanee-under-Artieles-V,-VI-and-VII-of-the adiustment-shall-be-deemed-to-have-met-the-requirements-of аесевв-tө-ачаттарте-ветчтеев-tө-төм-твевме-ретвовв-ино-ате А11-новріка19-е1івів2-е бор-ая-чяеомревакей-еаге-раумен 5-17-of-the-Publie-Aid-Gode, +6+
- DSE Adjustment Limitations. <u>=</u>

ILLINOIS RECISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(m) (continued)

- Hospitals that qualify for DSH adjustments under subsections (g) through (k) of this Section shall not be eligible for the total DSH adjustment if, during the DSH determination year;
- not apply to those hospitals described in 89 III. Adm. Code not offered nonemergency obstetric services as of December 22, 1987). In this instance, total DSH adjustments shall obstetrical care (the provisions of this subsection shall 149.50(c)(1) through (c)(4) or those hospitals that have The hospital discontinues the provision of non-emergency be reduced as follows: A)
- and (g)(2) shall cease effective on the date that the The adjustments calculated under subsections (g)(1) hospital discontinued the provision of such non-emergency obstetrical care. <u>.</u>
- (k) of this Section shall be pro-rated based upon the The adjustments calculated under subsections (j) and date that the hospital discontinued the provision of non-emergency obstetrical care. 11)
- hospital-operated primary care clinics or a reduction of 20 percent or more in the number of visits provided by primary care physicians, the Department may, subject to approval by The hospital does not honor its commitment to maintain operations as required in subsection (i)(5)(B) of this Section. In the event that there is a reduction of 20 adjustments described in subsection (j)(5)(B) of this percent or more in the number of visits provided by the Director, deem the hospital ineligible for the Section, either in total or in part, B)
- subsection (j)(5)(B) shall be pro-rated based upon the date required in subsections (j)(5)(B)(ii) and (j)(5)(B)(iii). The hospital discontinues its formal linkage agreements that the formal linkage agreement(s) was discontinued. In this instance, the annual adjustment described in 0
- In The hospital is no longer recognized or designated by the subsection (k)(2)(A) shall be pro-rated, as applicable, perinatal center, as required by subsection (a)(6)(A). Illinois Department of Public Health as a Level II this instance, the annual adjustment described in based upon the date that the designation ceased. <u>a</u>

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(m) (continued)

- in a hospital's payment adjustment amounts, shall not affect the amount of any other hospital that has received notification from the Department of their eligibility for DSH payment adjustments Appeals based upon a hospital's ineligibility for DSH accordance with Section 148.310, which result in a change in a hospital's eligibility for DSH payment adjustments or a change payment adjustments, or their payment adjustment amounts, in Inpatient Payment Adjustments based upon DSH Determination DSH status of any other hospital or the payment adjustment based upon the requirements of this Section. 7
- DSH payment adjustments calculated under this Section shall be determined by the Health Care Financing Administration (HCFA), 102-234, if the aggregate DSH payment adjustments calculated under this Section exceed the State's final DSH Allotment as In accordance with Public Law adjusted in proportion to the lesser State DSH Allotment. DSH Payment Adjustment Cap. 3
- The definitions of terms used with reference to calculation of the inpatient payment n)m> Inpatient Payment Adjustment Definitions. adjustments are as follows:
- year, the hospital's fiscal year ending in 1991 for the October for-Medicaid-under-Title-XIX-of-the-Federal-Social-Security-Act (42-U-5-Gr-Seer-1396a-etr-segr)-and-the-denominator-of-whieh-is the-total-number-of-the-hospital-a-inpatient-days-in-that-same year ending in 1990 for the October 1, 1992 DSH determination utilisation-rate"-means-a-fraction,-the-numerator-of-which-is the-number-of-a-hospital-s-inpatient-days-provided-in-a-given 12-month-period-to-patients-whoy-for-such-days,-were-eligible "Base fiscal year" means, for example, the hospital's fiscal "Medieaid-inpatient 1, 1993 DSH determination year, etc. periodr 1)
- calculated for the October 1, 1992 DSH determination year, State Fiscal Year 1992 for CCA payments calculated for the October 1, Medinaid-partinipating hospitajo-dividod by the-total-mumber-of 'CCA base year" means, State Fiscal Year 1991 for CCA payments inpatient-utilination-percentage"-means-the-total number-of "Mean-medieal-assistanee medient-assistance-impatient-days-provided-by-att inpatient-days-provided-by-those-same-hospitals. .993 DSH determination year, etc. 2)
- an individual under the age of 18, which was subsequently paid "Children's admission" means a claim billed as an admission of 3)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(n)(3) (continued)

claims data base, but excludes those claims billed as admissions utiliaation-differential"-means-a-hospital-s-Medieare-inpatient 9hall-the-Medicare-utilisation-differential-be-less-than-seror with an ICD-9-CM principal diagnosis code within the range of by the Department and contained within the Department's paid utilisaation-percentage;-provided,-however,-that-in-no-event utilisation-percentage-minus-the-mean-Medieare-inpatient 650 and 669 (indicating an obstetrical admission).

- utilipation-percentage"-means-a-fraetion,-the-numerator-of-whieh is-the-number-of-a-hoopital-s-inpatient-days-provided-in-a-given "DSH determination year" means, beginning October 1, 1992, the 12-month-period-to-patients-who, for such days, were-eligible 12 month period beginning on October 1 of the year and ending for-Medieare-under-Iitle-XVIII-of-the-federal-Soeial-Security Aet,-and-the-denominator-of-which-is-the-total-number-of-the "Medieare-inpatient hospital-o-inpatient-days-in-that-same-period-September 30 of the following year. (7
- for such days, were eligible for Medicaid under Title XIX of the number of inpatient days provided in a given 12-month period by divided by the total number of inpatient days provided by those all Medicaid-participating Illinois hospitals to patients who, provided-by-all-Ilinois-hospitale-divided-by-the-total-number percentage"-meang-the-total-number-of-Medicare-inpatient-daya-"Mean Medicaid inpatient utilization rate" means the total Federal Social Security Act (42 U.S.C. Sec. 1396a et seg.) "Mean-Medieare-impatient-utiliaation of-inpatient-days-provided-by-those-same-hospitator same hospitals. 2
- "Оссыравсу-тасто"-желе-а-бтастори-сhe-инжегатор of-which-is-the-hospital-s-occupancy-rate-as-actermined-by-the recipients of medical assistance under Title XIX of the Social Illinois-Department-of-Publis-Health-and-the-denominator-of outpatient, and hospital-based clinic services provided to "Medicaid charges" means hospital charges for inpatient, жатер-то-терпородитертор Security Act. (9
- Statistical Areas when entertained the accompance ratio for A-Boop+tat-tanatra-vithin-a-Vitropatitam Ktatistiont-Arost +¥
- Statistical Arcas when calculating the preupaney-ratio-for-(H

NOTICE OF ADOPTED AMENDMENTS

"Medicaid days" means hospital days billed and reimbursed by the

2

a-hospital-located-outside-of-any-Metropolitan-Statistical

Section 148.120(n)(6)(B) (continued)

of the Social Security Act. "Mean-secupaney-rate"-means-the-sum

data base, for recipients of medical assistance under Title XIX

Department, and contained within the Department's paid claims

of-occupancy-mates,-as-determined-by-the-Illinois-Department-of

Рывіте-Неатент-об-аіт-новрітато-мітнія-а-еатедоту-об-новрітато

deseribed-in-subsection-(g)(6)-divided-by-the-total-number-of

hөөрitalө-in-өчеh-еаtеgөгут

numerator of which is the number of a hospital's inpatient days

"Medicaid inpatient utilization rate" means a fraction, the

8

provided in a given 12-month period to patients who, for such

days, were eligible for Medicaid under Title XIX of the Federal

Social Security Act (42 U.S.C. Sec. 1396a et seq.) and the denominator of which is the total number of the hospital's means-a-elaim-billed-as-an-admission-of-an-individual-under-the

inpatient days in that same period. "Ghildren-e-admission"

age-of-18,-whieh-was-subsequently-paid-by-the-Department,-but

exeludes-those-elaims-billed-as-admissions-with-an-IGD-9-GM

principal-diagnosis-code-within-the-range-of-650-and-669

(indiesting-an-obstetriest-admission)

ILLINOIS RECISTER

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(n)(10) (continued)

"Medicaid-charges"-means-hospital-charges-for-services-provided to-reeipients-of-medienl-assistance-under-Title-XIX-sf-the Seeial-Seeurity-Aetr

- within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code within the ranges of 650 and 669 which medieal-assistance-under-Title-XIX-sf-the-Secial-Security-Act. "Obstetrical admission" means a claim billed as an admission, resulted in childbirth. "Medieaid-dayo"-means-hospital-days which was subsequently paid by the Department and contained billed-and-reimbursed-by-the-Department-for-reeipients-of 11)
- [CD-9-CM diagnosis code within the ranges of 760 through 779 and within the Department's paid claims data base, for infants less principal-diagnosis-code-within-the-ranges-of-650-and-669-which which-was-subsequently-paid-by-the-Department_{y-wi}th-an-169-9-6M "Perinatal admission" means those claims billed as admissions, V30 through V39, and those claims billed as admissions, which were subsequently paid by the Department and contained within the Department's paid claims data base, related to pregnancy. "Орвееттеві-вамівятом"-жевив-в-еівіт-рітіей-вв-ви-вайміввіом which were subsequently paid by the Department and contained than 29 days of age at the time of the admission with an childbirth and the puerperium with an ICD-9-CM principal diagnosis code within the range of 630 through 676. Pegult-in-childbirth-12)
- calculated for the October 1, 1992 DSH determination year; State time-of-the-admission-with-an-IGD-9-GM-diagnosis-code-within-the Fiscal Year 1992 for TAP payments calculated for the October 1. those-etaims-bitled-as-admissionsy-which-were-subsequently-paid ranges-sf-769-threugh-779-and-V30-threugh-V39,-and-these-elaims Department,-related-to-pregnaney,-ehildbirth-and-the-puerperium "Регівеtе1-аdмівеіев п-жевия bу-the-Department,-for-infants-less-than-29-days-of-age-at-the with-an-IGD-9-GM-principal-diagnosis-esde-within-the-range-of "TAP base year" means State Fiscal Year 1991 for TAP payments bilied-as-admissions,-which-were-subsequently-paid-by-the 1993 DSH determination year, etc. 630-through-676+ 13)

1.6.

FY'91 for the October 1, 1992 DSH determination year; FY'92 for

Medicaid obstetrical inpatient utilization rate base year

information shall be derived from the Department's paid claims data base for applicable services billed and reimbursed in the

defined in subsection (n)(10), to total Medicaid (Title XIX)

inpatient days, as defined in subsection (n)(15). This

ratio of Medicaid (Title XIX) obstetrical inpatient days, as

"Medicaid obstetrical inpatient utilization rate" means the

6

eritieal-eare-access-payments-ealealed-for-State-Fiscal-Year

евте-весеве-bаве-уевт"-meansy-State-Fiseal-Year-1990-for

the October 1, 1993 DSH determination year, etc.).

1992,-State-Fiscal-Year-1991-for-eritieal-eare-access-payments

ealeulated-for-State-Fiseal-Year-1993,-eter

"Medicaid (Title XIX) obstetrical inpatient days" means hospital

10)

contained within the Department's paid claims data base, for

inpatient days billed and reimbursed by the Department and

Security Act, with an ICD-9-CM principal diagnosis code within

the ranges of 650 and 669 which result in childbirth, and specifically excludes Medicare/Medicaid crossover claims.

recipients of medical assistance under Title XIX of Social

for inpatient, outpatient, and hospital-based clinic services it "Targeted-access-base-year"-means,-State-Fiscal "Total charges" means the total amount of a hospital's charges Year-1990-for-targeted-aceces-payments-ealeulated-for-State Fiseal-Year-1992;-State-Fiseal-Year-1991-for-targeted-acecss payments-ealeulated-for-State-Fiseal-Year-1993,-eter has provided. 14)

Section 148.120(n) (continued)

- "Total Medicaid (Title XIX) inpatient days", as referred to in "Total-charges"-means-the-total-amount-of-a-hospital-s-charges Department's paid claims data base, for recipients of medical subsection (n)(9), means hospital inpatient days billed and assistance under Title XIX of the Social Security Act, and specifically excludes Medicare/Medicaid crossover claims. reimbursed by the Department, and contained within the Fer-services-it-has-provided. 15)
- "Total medical assistance admissions" means the total claims Department and contained within the Department's paid claims billed as admissions which were subsequently paid by the data base. 16)
- which-were-subsequently-paid-by-the-Departmenty-with-an-1GD-9-GM 896-99,-897-0-through-897-69,-898-9-through-898-9,-809-0-through through-866.13,-867.0-through-867.9,-868.0-through-868.19,-869.0 839*9;-850.0-through-850.9;-851.0-through-851.99;-852.0-through Fer-those-hospitals-recognised-as-Level-1-trauma-centers-selely through-869*1;-887;0-through-887;7;-896;0-through-897;3;-897;0 809.1,-828.0-through-828.1,-839.0-through-839.3,-839.7-through 926+81-929+0-through-929+991-958+4-958+51-990-through-994+99+ through-897.7.900.0-through-900.9.-002.0-through-904.9.-925. subsequently-paid-by-the-Department,-with-IGD-9-GM-diagnoses Ehrough-801.99,-802.0-through-802.99,-803.0-through-803.99, Чтрацжа-аdжiвеiопЧ-жеале-those-elaime-billed-as-admissions, eateutated-for-the-elaime-billed-as-admissions-which-were 863-991-864-0-through-864-191-865-0-through-865-191-866-0 principal-diagnosis-code-oft--800.0-through-800.999-801-0 852,59,-853,0-through-853,19,-854,0-through-854,19,-860,0 through-860.5,-861.0-through-861.32,-862.8,-863.0-through 804+0-through-804+99+-805+0-through-805+98+-806+0-through «ithin-the-above-ranges-for-children-under-the-age-of-18. £өг-редіаtтіе-trauma-еазез,-trauma-admissisns-ere-enly **£**5
- "Uncompensated care base fiscal_year" means, for example, State Fiscal Year 1991, for the October 1, 1992, uncompensated care rate year, State Fiscal Year 1992, for the October 1, 1993, uncompensated care rate year, etc. 17)
- "Uncompensated care base year" means August 1 through July 31 of each year beginning with the initial August 1, 1990, through July 31, 1991, base year. 18)
- "Uncompensated care charges" for a hospital means: 19) 18)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.120(n)(19) (continued)

- hospital-based clinic services for which the hospital was not reimbursed by either the patient or a third party the hospital's charges for inpatient, outpatient, and (including the Department). (A
- less: B)
- the amount of the hospital's bad debt recoveries for inpatient, outpatient, and hospital-based clinic services; and į)
- outpatient, and hospital-based clinic services that it provided without charge or at reduced charges under its obligation under the federal Hill-Burton Act (42 the hospital's charges attributable to inpatient. U.S.C. 291 et seq.). 11)
- September 30 July-31 of each year beginning with the October 1, "Uncompensated care rate year" means October August 1 through 1992, August-1,-1991 rate year. 20) 194

Amended at 17 III. Reg. 3296., effective March 1, 1993) (Source:

Outlier Adjustments for Exceptionally Costly Stays Section 148.130

Code 148.80(g) prior to October 1, 1992, shall be determined and under subsection (b) below shall be made effective on October 1, 1992 through September 30, 1992, at the adjustment rate, and utilizing the adjustments on June 30, 1992, shall continue to be eligible for such services provided duly 4, 10x0 through June 40, 1004, the Department coats tar thatviduals under one year of age, when such services were provided by hospitals defined by the Department as disprepartionate חררר מימידע - וחף מל וימו - וחי או מימידי בי מימידי בי הי מימידי בי מימידי ב annual determination of those hospitals qualifying for adjustments Outlier Adjustments. Outlier adjustments for exceptionally costly stays provided by hospitals or distinct part units reimbursed on a governing the time period when the services were rendered with the following exception: beginning with State Fiscal Year 1993, the per diem basis or hospitals reimbursed in accordance with 89 Ill For-inpatient shall-make suttier-adjustments to payment amounts tor-modically and each October 1 thereafter. Hospitals qualified for outlier paid in accordance with the statutes and administrative rules outlier adjustments for inpatient services provided July 1, adjustment criteria, in effect on June 30, 1092. a)

NOTICE OF ADOPTED AMENDMENTS

Section 148.130(a) (continued)

in-89-Ill.-Adm.-Gode-148.120(a)(1)-through-(a)(5).--The-Department-is inpatient-services-provided-on-or-after-July-ly-1991y-the-Departmenteoote-for-infanto-who-have-not-attained-the-age-of-one-(1)-yeary-and receive-ouch-services-in-a-disproportionate-share-hospital-deseribed tengths-of-stay-as-there-are-no-durational-limits-on-inpatient-stays ава-the-Department-reimburses-the-hospital-оп-а-рег-аіст-ог-рег-аву to-ehildren-who-have-not-attained-the-age-of-six-(6)-years-and-who not-required-to-provide-outlier-adjustments-for-exceptionally-long neecessary-inpatient-hoopital-serviees-involving-exeeptionally-high share-under-89-111--Adm--Gode-148-120(a)(1)-through-(a)(4)---For shall-make-outlier-adjustments-to-payment-amounts-for-medically baвiв-теgardiess-of-the-length-of-stay-as-long-as-such-stay-was medieally-necessary.

- services-qualified-for-an-outlier-adjustment-shall-be-made-as-follows reimbursed on a per diem basis or hospitals reimbursed in accordance adjustment shall be made as follows for services provided on and with 89 III. Adm. Code 148.80(g): The-determination-of-those The determination of those services qualified for an outlier after October 1, 1992, for hospitals or distinct part units for-the-period-July-1,-1989-through-June-30,-1991+ (q
- 1992; and July-ly-ly-1989,-to-individuals-under-one-year-of-age-The services must have been provided on or after October 1, 7
- The services must have been provided by-hospitals-defined-by-the Department-as-disproportionate-share-under-89-Ill-Adm-Gode Seetions-148-120(a)(1)-through-(a)(4)- to: 5
- hospitals defined by the Department as DSH hospitals under Children who have not attained the age of six (6) years by Section 148,120(a)(1) through (a)(6); or A)
- hospitals that do not meet the definition of a DSH hospital Infants who have not attained the age of one (1) year by under Section 148.120(a)(1) through (a)(6). B)
- Claims with total covered charges equal to or above the mean total covered charges plus one standard deviation shall be considered for outlier adjustments once the following calculations have been performed: 3)
- Total covered charges equal to or exceeding one standard deviation above the mean shall be multiplied by the hospital's cost to charge ratio. (A

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.130(b)(3) (continued)

- shall be multiplied by the number of covered days on the The hospital's rate for services provided on the claim claim. B)
- The product of (B) above shall be subtracted from the product of (A) above. 0
- The difference of (C) above shall be multiplied by .25, the product of which shall be the outlier adjustment for the (a
- Third party payments (credits) shall be applied to the final payment made on the claim. E)
- adjustment-shall-be-made-as-follows-for-the-period-July-1,-1991-and The-determination-of-those-services-qualified-for-an-outlier after. e+
- The-services-must-have-been-provided-on-er-after-July-1,-1991. ++
- The-services-must-have-been-provided-to. 53
- share-under-89-111-Adm.-Gode-148-120(a)(1)-through-(a)(5)+ ehildren-who-have-not-attained-the-age-of-eix-(6)-years-by hospitale-defined-by-the-Department-as-disproportionate ₩.
- infants-who-have-not-attained-the-age-of-one-(1)-year-by disprepertionate-share-under-89-111--Adm--Gede hospitale-that-do-mot-meet-the-definition-of 148*120(a)(1)-through-(a)(5)* 田
- Өзажмө-үзек-сетей-енегей-енегеев-ециез-ее-ер-ер-ер-еке-еке-mean total-covered-charges-plus-one-standard-devistion-shall-be eoneidered-for-outlier-adjustments-onee-the-following ealeulations-have-been-performedt 3
- Төға1-сөметек-еһатвев-еқша1-ғө-өт-ежесейіпв-өпе-яғапавта deviation-above-the-mean-shall-be-multiplied-by-the hөвріtе1-в-еезt-tө-енарде-раtівт ₩.
- shall-be-multiplied-by-the-number-sf-covered-days-on-the The-hospital-s-rate-for-services-provided-on-the-elaim THE STATE OF

Section 148.130(c)(3) (continued)

- G) The-product-of-(B)-above-shall-be-subtracted-from-the product-of-(A)-above.
- D) The-difference-of-(G)-above-shall-be-multiplied-by-v25y-the product-of-which-shall-be-the-outlier-adjustment-for-the elaim.
- E) Third-party-payments-(eredite)-shall-be-applied-to-the final-payment-made-on-the-elaim.
- d) The-determination-of-those-services-qualified-for-an-outlier adjustment-shall-be-made-as-follows-for-admissions-September-1,-1991 and-after-for-hospitals-and/or-distinet-part-units-reimbursed-on-a per-dism-basis-or-hospitals-reimbursed-in-accesrdance-with-89-Illr Adm.-Code-148*80(g)+
- 1) The admission-must-have-occurred-on-or-after-September-1,1991, and
- 2) The-services-must-have-been-provided-to:
- A) ehildren-who-have-not-attained-the-age-of-six-(6)-years-by hospitals defined-by-the-Department-as-dispropertionate ohare-under-89-Illr-Admx-Gode-148-120(a)(1)-through-(a)(5);
- B) infanto-who-have-not-attained-the-age-of-one-(1)-year-by hospitals-that-do-not-meet-the-definition-of disproportionate-share-under-89-Illr-Admr-Gode 148rl20(a)(1)-through-(a)(5).
- 3) Glaims-with-total-covered-charges-equal-to-or-above-the-mean total-covered-charges-plus-one-standard-deviation-shall-be considered-for-outlier-adjustments-onec-the-following ealeulations-have-been-performed!
- A) Total-covered-charges-equal-to-or-exceeding-one-standard deviation-above-the-mean-shall-be-multiplied-by. the hospital-9-cost-to-charge ratio.

 B) The hospital's-rate-for-survices-provided-on-the-elaim

ahalt-be-multiplied by the number-of-eovered-days-on-the

PHTHT

G) The product of (R) above shall be subtracted from the product of (A) above.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.130(d)(3) (continued)

- D) The-difference-of-(G)-above-shall-be-multiplied-by-v25y-the product-of-which-shall-be-the-outlier-adjustment-for-the elein.
- E) Third-party-payments-(eredite)-shall-be-applied-to-the final-payment-made-on-the-elaim.
- c)e) The determination of those services qualified for an outlier adjustment shall be made in accordance with 89 III. Adm. Code 149,105 for hospitals reimbursed on a per case basis.
- 4) Definition of terms relating to outlier adjustments are as follows:
- 1) "Base fiscal year" means the hospital's fiscal year cost report most recently audited by the Department.
- 2) "Gost to Charge Ratio" means the hospital's Medicaid total allowable cost for all care divided by the Medicaid total covered charges for all care. The Cost to Charge Ratio is derived by utilizing cost report data from the hospital's base fiscal year.
- "Mean total covered charges" means the mean total covered charges (as described in (5) below), for services provided in the previous rate period which have been paid by the Department, as follows:
- A) For hospitals that do not meet the definition of a DSH hospital under Section 148.120(a)(l) through (a)(6) in the DSH determination year, the mean total covered charges for all claims for inpatient services provided to individuals under the age of one year; and
- B) For hospitals defined by the Department as DSH hospitals under Section 148.120(a)(1) through (a)(6) in the DSH determination year, the mean total covered charges for all claims for inpatient services provided to individuals under the age of six years,
- 4) "Total eavered charges"-means the amenatements on the UR K2 Uniterm Eitling term for revenue each UDI-in-column 54 (Total Charges), "minus the amount in column-54 (New Governd Charges) for revenue each UDI.

NOTICE OF ADOPTED AMENDMENTS

Section 148.130(d) (continued)

- Limean-total-covered-charges"—means-the-mean-total-covered charges—(as-described-in-(1)-above)-for-all-claims-for-inpatient services—provided-by-the-hospital-to-individuals-under-the-age of-one-for-services-provided-prior-to-individuals-under-the-age services-provided-prior-to-individuals-under-the-age of-one-for-services-provided-prior-to-inly-iy-1991-and-for services-provided-buy-ty-1991-and-for-dispropartionate-share-hospitals-and-for-individuals-under-the age-of-six-for-services-provided-July-iy-1991-and-after-in-a dispropartionate-share-hospital-in-the-previous-state-fiscal year-which-have-been-paid-by-the-Department-
- 3) "Gost-to-Charge-Ratio".means-the-hospital.s-Medicaid-total allowable-cost-for-all-care-divided-by-the-Medicaid-total covered-charges-for-all-care-r-The-Gost-to-Charge-Ratio-io derived-by-utiliaing-cost-report-data-from-the-hospital.s-base fiscal-year-(ire-r-calendar-year-1987-for-fiscal-year-1990 payments-calendar-year-1988-for-fiscal-year-1990 payments-calendar-year-1988-for-fiscal-year-1991
- "Rate for services provided" means the inpatient rate in effect for the type of services provided.
- "Total covered charges" means the amount entered on the UB-82 Uniform Billing Form for revenue code 001 in column 53 (Total Charges), minus the amount in column 54 (Non-Covered Charges) for revenue code 001.

(Source: Amended at 17 Ill. Reg. 3296, effective March 1, 1993)

Section 148.140 Hospital Outpatient and <u>Hospital-Based</u> Clinic Services

- a) Reimbursement for hospital outpatient and <u>hospital-based</u> clinic services shall be made on a fee for service basis, except for those services that meet the definition of the Hospital Ambulatory Care Program as described in subsection (a)(3), and except as described in subsection (b) for ESRDI Services and subsection (c) for encounter rate hospitals.
- 1) Reimbursement levels shall be at the lower of the hospital's usual and customary charge to the public or the Department's statewide maximum reimbursement screens. Hospitals will be required to bill the Department utilizing specific service codes. However, all specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to

ILLINOIS RECISTER

3372

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.140(a)(1) (continued)

hospitals in the same manner as to non-hospital providers who bill fee for service.

- 2) Reimbursement for the fee codes established July 1, 1983, and implemented through March 31, 1986, for procedures performed in a hospital setting will be calculated and paid in accordance with the statutes and administrative rules governing the time period in question.
- A Hospital Ambulatory Care list defines those technical procedures that require the use of the hospital outpatient or clinic setting, its technical staff and/or equipment. This list is updated periodically. The procedures are grouped according to type and complexity, each with a separate rate structure as follows:
- High level technology surgeries are reimbursed at the lesser of charges or the hospital's alternate reimbursement rate, as defined in Section 148.270(a), equivalent to the rate of a one-day inpatient stay.
- B) Other-Burgical, Certain non-Surgical, very high level technology services recognized and approved by the Department as safe outpatient procedures are reimbursed in a category separate from other specialized cardiac and diagnostic procedures and are reimbursed at the lesser of charges or one of two separate rate maximums depending upon whether the hospital is classified as:
- i) a children's hospital, as defined in 89 III. Adm. Code 149.50(c)(3), or a major teaching er-ether hospital. as defined in Section 148.25(d); or A-mejor-teaching hospital-is-one-having-four-or-more-graduate-medical eduation-programs-ceredited-by-the-American-Medical Association, the-American-Dental-Association-or-the-American-bental-bental-hospitaling-will be reimbursed-at-the-lesser-of-charges-or-a-set-rate maximum.
- ii) with the exception of a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), a hospital defined in Section 148.25(e) through (f).
- C) <u>Other surgical</u> Gemtain-nonsurgical, very-high-level technology-services-recognissed-and-approved-by-the-

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.140(a)(3)(C) (continued)

diagnostic procedures.--This-entegery will be reimbursed at Эератемепt-аз-ва£е-виtраtient-ртвееdures-will-be-reimbursed maximums depending upon whether the hospital is classified in-a-eategory-separate-from-other specialized cardiac and the lesser of charges or of one of two separate rate

- a children's hospital, as defined in 89 Ill. Adm. Code American-Osteopathie-Association.--This-eategory-will 149.50(c)(3), or a major teaching er-ether hospital, as defined in Section 148,25(d); or A-majer-teaching <u> Һөөрітеат-тө-өне-һачтпе-ғонт-өт-шөте-дтафиате-тефіевт</u> eduation-programs-accredited-by-the-American-Medical be-reimbursed-at-the-lesser-sf-eharges-sr-a-set-rate Association, the American Dental Association or the 1)
- defined in 89 III. Adm. Code 149.50(c)(3), a hospital with the exception of a children's hospital, as defined in Section 148.25(e) through (f). 11)
- high risk, and emergency room services will be reimbursed at the lesser of charges or a set rate maximum, or one of Specialized treatment procedures, observation services, two separate rate maximums depending upon whether the hospital is classified as: <u>_</u>
- a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), or a major teaching $e^{-e^{+}e^{-}}$ hospital, as defined in Section 148.25(d); or Ţ
- defined in 89 Ill. Adm. Code 149.50(c)(3), a hospital with the exception of a children's hospital, as defined in Section 148.25(e) through (f); and 11)
- having-four-or-more-graduate-medieal-eduation-programs general clinic, psychiatric clinic, or rehabilitation whether the service is provided in the outpatient, or clinic department. A-major-teaching-hospital-is-one aceredited-by-the-American-Medical-Assaciation, the reimbursed-at-the-lesser-sf-eharges-or-ast-rate Osteopathie-Association,--This-eategory-will-be Атеттев-Вента1-Аззогівтіон-от-тhе-Атеттевн iii)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.140(a) (continued)

- ветитеев-тв-оп-а-бее-бет-ветитее-ваза-ежеере-бет-these-serutees Reimburgement-for-encounter-rate hospital-outpatient-and-elinie ртовтемв-еме-ежесрt-for-those-services-ртоуided-by-ем-еверимtер that-meet-the-definition-of-the-Hospital-Ambulatory-Gare rate-hoopital-deseribed-in-(B)(ii)-below. 1
- inpatient-hospital-eare-to-recipients-of-medical-assistance defined-as-Illineis-publie-hospitale-that-are-lacated-in-a provided-and-have-been-paid-for-85,000-days-or-mere-of Bffeetive-July-17-1990,-encounter-rate-hospitals-are eity-with-a-population-exceeding-l-million-that-have during-State-Fiseal-Year-1989, ¥}
- БЕЕееевче-Јиту-1,-1991,-евеенвее-таке-новрасаде defined-as+ **★**
- Illinois-county-owned-hospitale-leated-in-a-eity-with a-population-exceeding-3-million,-or **†**
- Illinois-county-owned-hospitale-lecated-in-a-city-with a-population-execeding-3-million-that-has-provided-and inpatient-hospital-eare-to-recipients-of-medieal that-has-been-paid-for-85,000-days-or-more-of assistamee-during-State-Fiseal-Year-1989. **(****
- outpatient-faeilitee-in-a-eity-with-a-population-exceeding facilities-are-defined-as-Illinois-county-operated Bffeetive-July-ly-1991,-eounty-operated-outpatient 3-million €9
- БЕЕееезие-береетвет-1,1991,-евеениеет-таке-новрієвля-аме defined-as+ H)
- Illinois-county-owned-hospitals-lecated-in-a-city-with а-рорытастон-скесефтие-4-міттэнт-от 1
- я-роризавзов-смесензия- 4-мз. 1 зон- вые-ная-ресузиен Ilieneie-eeunty-ewned-hospitale-ieeated-in-a-eity-with + PPACTOR - - HOSPITAL - CAN'S (5 100) PICATOR - OF - MCG + CAT. that-has-been paid for KayDill days or more of ABBIBERROD - GHITTHR - EtHTO. FISCH! FORF 10801-OF 444
- iii) Illinois state-ewned heapitale-leested-in-a-eity-with a-population exceeding-4 millions

- use-of-the-hospital-outpatient-setting,-its-technical-staff and/or-equipment.--This-list-is-updated-periodically.--The list-defines-those-technical-procedures-that-reguire-the For-encounter-rate-hospitalo,-a-Hospital-Ambulatory-Gare ртоеефитев-ате-grouped-аесолатив-tо-type-ана-сомріскіtу евен-изен-в-вератате-тате-втиетите-вв-боззомв-£3
- hospital-e-alternate-reimbursement-rate-equivalent-to High-level-technology-surgeries-are-reimbursed-at-the the-rate-of-a-one-day-inpatient-stay-**+**+
- procedures-are-reimbursed-at-one-of-two-separate-rate graduate-medieal-edueation-programs-aceredited-by-the Аввоеівтіоп-от-the-Аметісвп-Овтеоратhіе-Аввоеівтіопmajor-teaching-hospital-is-one-having-four-or-more Other-surgical,-specialised-eardiae-and-diagnostie elassified-as-major-teaching-or-sther-hospital---A Ameriean-Medieal-Asseiation,-the-Ameriean-Dental maximums-depending-upon-whether-the-hospital-is £ + + +
- services-recognised-and-approved-by-the-Department-as education-programs-aceredited-by-the-American-Medical hospital-is-one-having-four-or-more-graduate-medieal эа€еgөту-верата€е-£төт-өthет-өрее£а£±яеф-евтф±ае~апф depending-upon-whether-the-hospital-is-elassified-as majo⊬-teaehing-oт-оtheт-hospital---A-major-teaehing Asseciation, the American Dental Asseciation - sp-the safe-outpatient-procedures-will-be-reimbursed-in-a Gertain-nongurgiealy-very-high-level-technology геітригвей-ат-впе-вт-тив-вератате-тате-такітипв diagnostie-procedures.--This-eategory-will-be Аметіевп-Овтевратій-Аввоеівтівн **++++**
- depending-upon-whether-the-hospital-is-elaseified-as е1-івіе-фератемевет--А-жајот-есвенівд-коврієв1-із-ове еметвенеу-тоом-ветчіеев-үзіз-ре-теішьитвей-а1-а-ве Ра€е-тажітит,-от-опе-о£-€₩0-верата€е-та€е-тажітитв Specialised-treatment-procedures,-high-risk,-and жајот-teaehing-өт-өthег-hөзрital,-өт-whether-the веттес-19-ртотесс-18-ртотесс-18-регенств having-four-or-more-graduate-medieai-edueation Programo-aceredited-by-the-American-Medical Атеттевт-Овтератhie-Авветатент (±±

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.140(a)(4)(E) (continued)

- abover-all-other-outpatient-and-hospital-based-elimia ¥от-ап-епесиптет-тате-hовріта}-dеветіbed-in-(В)(ii) өстүіссө-ате-теітритаед-ат-а-вет-тате-тажітыт 7
- For-county-operated-outpatient-facilities,-ail-outpatient өеттіеев-аге-теітынгвеф-ак-а-век-таке-тажіянят 1
- faeiliky-reimburgement-rateg~to-aetual-eogt-baged-upon-the facilities-are-required-to-submit-outpatient-esst-reports Sneounter-rate-hospitals-and-county-operated-outpationt hospital-s-fiscal-year---The-Department-shall-reconcile encounter-rate-hospital-and-county-operated-outpatient ŧө-the-Department-within-90-daув-о£-the-eloве-о£-the nospitals--filed-outpatient-eost-reports. €9
- Бет∀±еев-ате-аvа±1аb1е-tө-а±±-е±±епtв-±п-gеөgтарh±е-атеав in-whieh-an-encounter-rate-hospital-or-a-county-operated outpatient-facility-is-located, ήH
- hospital supplies justification for an inpatient admission that meets Departmental established criteria. These criteria 4)54 A list of restricted inpatient procedures pursuant to Section These restricted inpatient procedures will only be reimbursed 148.180(b) has been established and is updated periodically. when performed outside the inpatient setting or when the include, but are not limited to:
- post-operative observations by a nurse or skilled medical Presence of medical conditions which make prolonged personnel a necessity (e.g., heart disease, severe diabetes). (A
- An unrelated procedure is being done simultaneously which itself requires surgical hospitalization. B)
- procedure due to mental and/or physical impairment, and this would result in inadequate treatment and place the necessary instruction both prior to and following the The patient is unable to comprehend and/or follow the patient at risk. G
- Emergency admission or recent onset of severe symptoms outpatient basis (e.g., bleeding, severe pain, nausea, would prohibit safely performing the procedure on an vomiting). (Q

NOTICE OF ADOPTED AMENDMENTS

Section 148.140(a)(4) (continued)

- procedure on an outpatient basis due to conditions such as: Admission occurs subsequent to the performance of the (E)
- instability of vital signs ;
- respiratory distress greater than existed pre-operatively 11)
- iii) post-operative pain not relieved by oral medication
- uncontrolled bleeding iv)
- lack of state of consciousness appropriate to age and development ()
- presence of persistent nausea or vomiting
- vii) inability to ambulate consistent with age, previous mobility status and/or procedure.
- services provided pursuant to Section 148.40(a)(3) shall be made at Payment for outpatient end-stage renal disease treatment (ESRDT) the Department's payment rates, as follows: (q
- For inpatient hospital services services provided pursuant to hospitals pursuant to Sections 148.240 through 148.300 and Section 148.40(a)(3)(A), the Department shall reimburse Ill. Adm. Code 149. 1
- which will reimburse the provider for the dialysis treatment and For outpatient services or home dialysis treatments provided pursuant to Section 148*40(a)(3)(B) or (C), the Department will all related supplies and equipment, as defined in 42 CFR 405.231(o) (1984). This rate will be that rate established by reimburse hospitals and clinics for ESRDT services at a rate Medicare pursuant to 42 CFR 405.439 and 405.441 (1989). 2)
- routine service under 42 CFR 405.231(o) (1989), separate payment provided during outpatient or home dialysis treatment pursuant medical supply providers pursuant to 89 Ill. Adm. Code 140.430 through 140.434, 140.440 through 140.450, and 140.475 through to Section 148.40(a)(3)(B) or (C) but are not defined as a Payment for non-routine services. For services which are will be made to independent laboratories, pharmacies, and 140.481, respectively. 3)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.140(b) (continued)

- Payment for physician services relating to ESRDT will be made separately to physicians, pursuant to 89 Ill. Adm. Code 140.400. (7
- outpatient-and-elinie-serviess-provided-by-an-encounter-rate-hospital Ambulatory Care Program as described in subsection (c)(4), and except as described in subsection (b) for ESRDT Services, subsection (c)(5) on-or-ofter-July-1,-1992,-9hall-be-made-on-an-encounter-rate-basis. nospital-based clinic services is on a fee for service basis except for encounter rate hospitals described in Section 148.25(b)(2)(B), described in Section 148.25(b)(2)(D). Reimburgement-for-hospitel and subsection (c)(6) for county-operated outpatient facilities for those services that meet the definition of the Hospital Reimbursement for encounter rate hospital outpatient and ()
- Effective July 1, 1990, encounter rate hospitals are defined as those hospitals described in Section 148.25(b)(2)(B).
- Effective July 1, 1991, encounter rate hospitals are defined as: those hospitals described in Section 148.25(b)(2)(A); or 7
- those hospitals described in Section 148.25(b)(2)(B); or B)
- those county-operated outpatient facilities described in Section 148.25(b)(2)(D). 0
- Effective September 1, 1991, encounter rate hospitals are defined as: 3
- those hospitals described in Section 148.25(b)(2)(A); or
- those hospitals described in Section 148.25(b)(2)(B); or B)
- those hospitals described in Section 148,25(b)(2)(C); or 3
- those county-operated outpatient facilities described in Section 148.25(b)(2)(D). (Q
- This 148.25(b)(2)(D), a Hospital Ambulatory Care list defines those according to type and complexity, each with a separate rate county-operated outpatient facilities described in Section outpatient setting, its technical staff and/or equipment. technical procedures that require the use of the hospital list is updated periodically. The procedures are grouped For encounter rate hospitals with the exception of those structure as follows: (7)

JOTICE OF ADOPTED AMENDMENTS

Section 148.140(c)(4) (continued)

- lesser of charges or the hospital's alternate reimbursement rate, as defined in Section 148,270(a), equivalent to the High level technology surgeries are reimbursed at the rate of a one-day inpatient stay. (A)
- or one of two separate rate maximums depending upon whether procedures and will be reimbursed at the lesser of charges Certain non-surgical, very high level technology services outpatient procedures will be reimbursed in a category separate from other specialized cardiac and diagnostic recognized and approved by the Department as safe the hospital is classified as: B)
- a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), or a major teaching hospital, as defined in Section 148,25(b); or 1)
- defined in 89 III. Adm. Code 149.50(c)(3), a hospital with the exception of a children's hospital, as defined in Section 148.25(e) through (f). 11)
- procedures will be reimbursed at the lesser of charges or one of two separate rate maximums depending upon whether Other surgical, specialized cardiac and diagnostic the hospital is classified as: C
- a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), or a major teaching hospital, as defined in Section 148.25(d); or ij
- with the exception of a children's hospital, as defined in 89 III, Adm. Code 149.50(c)(3), a hospital defined in Section 148.25(e) through (f). 11)
- high risk, and emergency room services will be reimbursed at the lesser of charges or a set rate maximum, or one of Specialized treatment procedures, observation services, two separate rate maximums depending upon whether the hospital is classified as: (a
- 149.50(c)(3), or a major teaching hospital, as defined a children's hospital, as defined in 89 Ill. Adm. Code in Section 148.25(d); or Ŧ

ILLINOIS RECISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.140(c)(4)(D) (continued)

- with the exception of a children's hospital, as defined in 89 III. Adm. Code 149.50(c)(3), a hospital defined in Section 148,25(e) through (f); and 11)
- general clinic, psychiatric clinic, or rehabilitation iii) whether the service is provided in the outpatient, clinic department.
- services not described in subsection (b)(4) above are reimbursed 148.25(b)(2)(B), all outpatient and hospital-based clinic For an encounter rate hospital described in Section at a set rate maximum. 2
- 148.25(b)(2)(D), all outpatient services are reimbursed at a set For county-operated outpatient facilities described in Section rate maximum. 9
- adjusted by the annual percentage change in the per diem cost of Effective October 1, 1992, and in subsequent years, effective inpatient hospital services as reported in the most recent described in subsections (4), (5) and (6) above shall be the first day of July of each year, reimbursement rates annual Medicaid cost report. 7
- Encounter rate hospitals are required to submit outpatient cost reports to the Department within 90 days after the close of the encounter rate hospital reimbursement rates to the amount hospital's fiscal year. The Department shall reconcile described in subsection (7) above. 8
- Services are available to all clients in geographic areas in which an encounter rate hospital is located. 3
- deseribed-in-subsection-(a)(3)-and-by-the-eategory-sf-service-as outpatient-eosts-must-be-filed-with-the-Department-in-accordance Will-be-required-to-bill-the-Department-utilissing-all-inclusive available to those clients) which pertain to the service billed Reimbursement-levels-shall-be-at-the-encounter-rate-hospital-s policies (relating to client eligibility and scope of services Gertified-Public-Accountant,--A-Medicaid-cost-report-detailing used-to-ealeulate-a-eost-based-rate.--Bneounter-rate-hospitals inpatient-Medieare-east-reports.-These-east-reports-shall-be reported-on-a-financial-statement-audited-by-an-independent serwiee-eedes.--However,-all All specific client coverage еөве-рет-епевинеет-таке-бөт-еаеһ-өк-кhе-ртвеейчте-втвиря with-the-provisions-that-regulate-the-filing-of-hospital 10) +>

63

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.140(c)(10) (continued)

are applicable to encounter rate hospitals in the same manner as to hospitals reimbursed under the Ambulatory Care Program and to non-hospital and hospital providers who bill and receive reimbursement on a fee-for-service basis.

- Reimbursement-for-the-fee-eodes-defined-in-gubseetion-(a)(3)-for encounter-rate-hospitalo-will-be-reimbursed-at-the-Department's rate-ealeulated-in-subsection-(e)(1)-above. 5
- eeunty-ewned,-er-effeetive-September-1,-1991,-an-Illineis state-owned-hospital,-leeated-in-a-eity-with-population An-encounter-rate-hospital-is-defined-as-an-Illinois execeding-3-million. 3
- Inpatient restricted procedures as provided in subsection (a)(4) shall apply to encounter rate hospitals. 11) 4

Amended at 17 Ill. Reg. 3296, effective March 1, 1993) (Source:

Section 148.150

Uncompensated Care Payment Adjustments for Nondisproportionate-Share-Hospitals

- reimbursed under Sections 148.170, 148.250 through 148.300 or 89 111. 60de-Seetions-148x120(a)(1)-through-(a)(5)-that-are-reimbursed-under uncompensated care payments to ensure that aggregate payments do not exceed the amount that can reasonably be estimated would have been The Department shall make uncompensated care payments to hospitals 89-III--Adm.-Gode-148-170,-148-240-through-148-300-0#-Part-149 are that do-not-qualify-for-disproportionate-share-under-89-Illr-Adm. paid under Medicare payment principles, in compliance with 42 CFR The Department shall adjust each of these 447.272, Application of Upper Payment Limits. Adm. Code 149. a)
- uncompensated care payment shall be calculated and paid in accordance Medicaid-daya-provided-by-the-haspital-in-State-Fiscal-Year-loon (and ан тивеен-разен-првя-нтясоктовт-нтттяветон-вин репторостон-тиркончен т with the statutes and administrative rules governing the time period the Department-within 30 daya-of-receipt-of the-first-payment-of-the For the period August 1, 1991 through July 31, 1992, the hospital's eatentation.--The-appeat-must-be-in-writing-and-must-be-reeived-by determination if-it-helieves-a-technical-error-has-been-made in the ntiliantion)-by \$41-70--The heapital-has the-right to appeal-this when the services were rendered. by-multiplying-the-number-of отренянтем-емте-риумент-анфиятинет (q

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.150 (continued)

- any-applicable-adjustments-deseribed-in-subsections-(g)(1),-(g)(2), {h};-{i};-{i}}-{j}-{j}-{d}-and-{k}-{d}-and-shall-be-paid-to-eligible-hospitals The-Uncompensated-Care-payment-adjustments-shall-be-in-addition-to өв-е-qчеет€ее±у-bав±вт ÷
- information to the Department for the period August 1, 1990 through adjustment during the August 1, 1991, uncompensated care rate year, following inpatient, outpatient and hospital-based clinic service As a condition of eligibility for an uncompensated care payment each hospital shall submit, on or before January 15, 1992, the July 31, 1991: c)4+
- The dollar amount of uncompensated care charges rendered in the period described above. 1
- reimbursed by the Department under General Assistance (Article VI of the Public Aid Code) or Aid to the Medically Indigent The dollar amount of charges rendered during this period (Article VII of the Public Aid Code). 2)
- The dollar amount of Medicaid charges rendered in the period described above. 3)
- The dollar amount of total charges for care rendered in the period described above. (1)
- above in accordance with the time limitation described in subsection This payment is contingent upon the Department's receipt of the data described in subsection (c) For the period August 1, 1992, through September 30, 1992, the hospital's uncompensated care payment shall be calculated in accordance with Section 148.20(b). (c) above. P
- thereafter for the uncompensated care rate year, each hospital shall rate year (or on or before October 21, 1992, for the October 1992 uncompensated care rate year), the tollowing impatient, outpatient annually submit, on or before October 1 of the uncompensated care and hospital-based clinic service information to the Department: eligibility for an uncompensated care payment adjustment during Effective on or after October 1, 1992, as As a condition of инеетрепватес-евге-тате-уевге-ревзяния применет-10021-анд (e
- The dollar amount of uncompensated care charges rendered in the previous uncompensated care base mate year.

NOTICE OF ADOPTED AMENDMENTS

Section 148.150(e) (continued)

- General Assistance Program (Article VI of the Public Aid Code). Family and Children Assistance Program, formerly known as the Department for those program participants covered under the uncompensated care base year that are reimbursable by the The dollar amount of charges rendered in the previous 2)
- The dollar amount of Medicaid charges rendered in the previous uncompensated care base mate year.
- 4)3} The dollar amount of total charges for care rendered in the previous uncompensated care base rete year.
- before October 21, 1992, the data required under subsection (c) above Effective on or after October 1, 1992, as a condition of eligibility Effective on or after October 1, 1993, as a condition of eligibility uncompensated care rate year shall submit, on or before October 1 of the uncompensated care rate year, the data required under subsection (c) above for the previous uncompensated care rate year in addition requirements described in subsection (c) above shall submit, on or for an uncompensated care payment adjustment for the uncompensated for an uncompensated care payment adjustment for the uncompensated requirement described in subsection (e) above for the previous in addition to the data required under subsection (e) above. care rate year, hospitals that did not comply with the data care rate year, hospitals that did not comply with the data to the data required under subsection (e) above. ()
- The data submitted under subsections (c), (e) and (f) (d)-end-(e) signed by the chief financial officer or chief executive officer above shall be a statement for the uncompensated care rate year certifying to the accuracy of the data submitted. £)€}
- uncompensated care payment adjustment for the uncompensated care rate (4),-(e)-and-(f)-above subsections (c), (e) and (f) above, and the year beginning-August-1,-1991, subject to the reporting requirements provisions of subsection (i) below. The uncompensated care payment multiplying the number of Medicaid days provided by the hospital in accordance with 89-Ill.-Adm.-Gode Section 148.210(a) that-provided Effective on or after October 1, 1992, all All hospitals that are reimbursed under Sections 148.170, 148.250 through 148.300, or 89 III. Adm. Code 149 that are required to submit cost reports in for the uncompensated care rate year shall be calculated by Medieaid-days-in-Fiseal-Year-1990 shall be eligible for an the uncompensated care base fiscal year by \$52.65. h)g>

ILLINOIS RECISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.150 (continued)

- uncompensated care. This determination will be made by comparing the base year of August 1, 1990, through July 31, 1991, and in subsequent provided in the initial base year of August 1, 1990, through July 31, compared to the level of uncompensated care provided from August 1990 1991. For purposes of this determination, uncompensated care in the uncompensated care base mate year to the level of uncompensated care Medically Indigent (<u>formerly</u> Article VII). For example, eligibility for a payment <u>adjustment</u> for the uncompensated care rate year of uncompensated care provided from August 1991 through July 1992 as determining whether a significant decrease in uncompensated care has Section for the uncompensated care rate year years-beginning-August 17-1992; if the data supplied under subsections (c)(4), (e) and (f) determination that there is not a significant decrease in the level definition, include charges for services <u>reimbursable</u> reimbursed by uncompensated care <u>base</u> ***ete years shall, in addition to its usual formerly known as General Assistance (Article VI), and Aid to the eligible for an uncompensated care payment adjustment under this level of uncompensated care provided in the immediately previous through July 1991. Factors which the Department may consider in the Department under the Family and Children Assistance Program, i)h Effective on or after October 1, 1992, a A hospital will not be above indicate a significant decrease in the level of beginning August-1992 October 1, 1992, shall be subject to a occurred may include, but not be limited to, a change in socio-economic characteristics of the community.
- made on a quarterly basis, payable to the hospital in the quarter Reimbursement for uncompensated care payment adjustments shall be following each quarter for which the hospital is entitled to an uncompensated care payment adjustment.
- services to low-income persons who are eligible for assistance under shall be deemed to have met the requirements of Section 5-17 of the ineligible for an uncompensated care payment adjustment has not met the requirements of Section 5-17 of the Public Aid Code. k) $\} \$ All hospitals eligible for an uncompensated care payment adjustment Public Aid Code that hospitals provide equal access to available Articles V, VI and VII of the Public Aid Code. Nothing in this subsection shall be construed to imply that a hospital that is

Definitions

recipients of medical assistance under Title XIX of the Social outpatient and hospital-based clinic services provided to "Medicaid charges" means hospital charges for inpatient, Security Act. 1)

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.150(1) (continued)

- "Medicaid Days" means hospital days reimbursed by the Department for recipients of medical assistance under Title XIX of the Social Security Act. 2)
- for inpatient, outpatient and hospital-based clinic services it "Total charges" means the total amount of a hospital's charges has provided. 3)
- "Uncompensated care base fiscal year" means, for example, State Fiscal Year 1991, for the October 1, 1992, uncompensated care rate year, State Fiscal Year 1992, for the October 1, 1993, uncompensated care rate year, etc. (+)
- "Uncompensated care base year" means August 1 through July 31 of each year, beginning with the initial August 1, 1990, through July 31, 1991, base year. 5)
- 6)4+ "Uncompensated care charges" for a hospital means:
- hospital-based clinic services for which the hospital was not reimbursed by either the patient or a third party the hospital's charges for inpatient, outpatient and (including the Department); (Y
- less: B)
- for the amount of the hospital's bad debt recoveries inpatient, outpatient and hospital-based clinic (F
- outpatient and hospital-based clinic services that if its obligation under the federal Hill-Burton Act (42 provided without charge or at reduced charges under the hospital's charges attributable to inpatient, U.S.C. 291 et seq.). 11)
- 7)54 "Uncompensated care rate year" means October August 1 through September 30 July-34 of each year, beginning with the October 1, 1992 August-1,-1991 rate year.

Amended at 17 Ill. Reg. 3296, effective March 1, 1993) (Source:

(LLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Illinois & County with a Population of Over 3 Million Payment Methodology for County-Owned Hospitals in an Section 148.160

- three million are excluded from the DRG PPS and are reimbursed in In accordance with 89 Ill. Adm. Code 149.50 (c)(8), county-owned hospitals in an Illinois a county with a population greater than accordance with this section. a)
- Base Year Costs P)
- available at the time rates are calculated, the unaudited report interim rates, Upon completion of the audit, the rates shall by Each hospital's base year operating costs shall be the Medicaid fiscal year 1992 rates, calendar year 1990 for fiscal year 1993 cost per diem contained in the hospital's audited cost reports (see 42 CFR 447.260 and 447.265 (1982)) for hospitals fiscal years ending between 19 and 30 months prior to the fiscal year rates, etc.). In the event that an audited cost report is not for the applicable period shall be used for the calculation of recalculated. Payments made under the interim rate shall be for which rates are being set (i.e., calendar year 1989 for reconciled. cost 1
- Each hospital's base year capital related costs shall be derived from the same audited cost report used for operating costs in subsection (b)(1) above. 2)
- be derived from the same audited cost report used for operating Each hospital's base year direct medical education costs shall costs in subsection (b)(1) above. 3
- hospital's operating costs, capital related costs and medical education costs defined in subsections (b)(1) through (b)(3). Each hospital's base year costs shall be the sum of the (4)
- file, the Department will use a more recently filed cost report, reported costs are not consistent with the estimate on which the recalculated rate will be effective for the entire fiscal year For new hospitals for which a base year cost report is not on Department will recalculate any reimbursement rate based on or if no cost report is on file, the hospital's estimate of rate estimated as soon as a cost report becomes available. hospitals of similar size, location and service intensity. costs, adjusted as necessary according to experience with and the Department will retroactively adjust payments if 2
- Restructuring Adjustments 0

nospital market basket price proxies and added to the base year costs. restructuring and identified from the most recent audited cost report reflect restructuring cost adjustments. For audited reports received following month. For audited reports received at the Finance Section must be significant, i.e., on a per unit basis; they must constitute effective date of the recalculated rate will be the first day of the Adjustments to base year costs will be made to reflect restructuring since filling the base year cost report. The restructuring must have between the sixteenth and last day of the month, the effective date If an audited cost report becomes available during the rate standards. The allowable Medicare/Medicaid costs (see 42 CFR Part The restructuring costs report is received. Allowable restructuring costs are adjusted to one percent or more of the total allowable Medicare/Medicaid unit costs for the same time period. The Department will use the most will be the first day of the second month following the month the account for inflation from the midpoint of the restructuring cost year, the reimbursement rate will be recalculated at that time to reporting year to the midpoint of the base year according to the been mandated to meet state, federal or local health and safety recent available audited cost report to determine restructuring at the Office of Health Finance Seetion, Illinois Department of 405, Subpart D, 1982) must be incurred as a result of mandated Public Aid, between the first and fifteenth of the month, the index and methodology of Data Resources, Inc. (DRI), national available before or during the rate year. costs.

Inflation Adjustment For Base Year Cost Report Inflator (p

recent annual Medicaid cost report; however, in no instance shall the adjusted rate effective October 1, 1992, and thereafter, be less than midpoint-of-each-hospitalis-base-year-to-the-midpoint-of-the-fiseal subscetion-{b}{1}-above-by-the-previous-year-s-esst-report-cost-per first day of July of each year, base Base year costs, including any hөөрitaliв-historical…rate-оf-аппиаl-совt-inercases,-ав-теавитеd-by diem shall be adjusted by the annual percentage change in the per Effective October 1, 1992, and in subsequent years, effective the adjustments for mandated restructuring, will-be-updated-from-the diem cost of inpatient hospital services as reported in the most уевт-бөт-мһіен-такев-ате-Беінд-век-(таке-уевт)-аесөтдінд-кө-кhе dividing-the-hespital-s-eost-теромт-еоst-реж-diem-as-defined-in the rate in effect on June 1, 1992.

Review Procedure ()

The review procedure shall be in accordance with Section 89-111--Adm. Gode 148.310.

3388

Section 148.160 (continued)

- Applicable Adjustments for DSH Bisproportionate-Share Hospitals (J
- The criteria and methodology for making applicable adjustments to DSH фіоргорогітоває повріталя which are exempt from the DRG PPS as described in subsection (a) above, shall be in accordance with Section 89-111-Adm.-Gode 148,120. 1)
- under this subsection shall be adjusted by the annual percentage the sum of the hospital's base year costs plus disproportionate hospitals reimbursed under this Section shall have supplemental In addition to the DSH disprepertionate-share-hospital payment day of July of each year, supplemental DSH payments calculated DSH disproportionate-share payments calculated by multiplying October 1, 1992, and in subsequent years, effective the first change in the per diem cost of inpatient hospital services as calculated effective October 1, 1992, and thereafter, be less than the supplemental DSH payments in effect on June 1, 1992. share payment adjustments per diem from <u>Section</u> 89-111-Adm. adjustments described in <u>Section</u> 89-Illr-Admr-Gode 148.120, Gode 148.120 by the hospital's percentage of inpatient days nowever, in no instance shall the supplemental DSH payments which are not reimbursed by a third party payer. Effective reported in the most recent annual Medicaid cost report: 5
- Outlier Adjustments (8

certain individuals shall be made in accordance with Section 89-111inpatient hospital services involving exceptionally high costs for Outlier adjustments to payment amounts for medically necessary 4dm.-Gode 148.130.

- Trauma Center Adjustments. Trauma center adjustments shall be made in accordance with Section 148,290(c). h
- 1)h Reductions to Total Payments
- Copayments. Copayments are assessed under all medical programs administered by the Department except the Family and Children formerly known as the General Assistance Programs and shall be assessed in accordance with Section 89 1111-Adm.-Gode 148.190. Assistance Program, 1
- Third Party Payments. The requirements of <u>Section 148.290(e)(2)</u> 89-iilt-Admr-Gode-149,290(e)(2) shall apply. 5
- 1)* Prepayment and Utilization Review

NOTICE OF ADOPTED AMENDMENTS

Section 148.160(j) (continued)

Prepayment and utilization review requirements shall be in accordance with Section 89-111-Adm--Gede 148.240.

k) +> Cost Reporting Requirements

Cost reporting requirements shall be in accordance with <u>Section</u> 89 ###-Adm.-Gode 148.210.

(Source: Amended at 17 Ill. Reg. 3296, effective March 1, 1993)

Illinois & County with a Population of Over 3 Million Payment Methodology for State-Owned Hospitals in an Section 148.170

- three million are excluded from the DRG PPS and are reimbursed in hospitals in an Illinois a county with a population greater than In accordance with 89 III. Adm. Code 149.50(c)(8), state-owned accordance with this section. a)
- Base Year Costs (q
- hospitals' fiscal years ending between 19 and 30 months prior to audited cost reports (see 42 CFR 447.260 and 447.265 (1982)) for Fiscal Year 1993 rates, etc.) will be used to define base year the fiscal year for which rates are being set (i.e., Calendar Each hospital's base year cost per diem shall be derived from Year 1989 for Fiscal Year 1992 rates, Calendar Year 1990 for 1
- reported costs are not consistent with the estimate on which the recalculated rate will be effective for the entire fiscal year Department will recalculate any reimbursement rate based on a For new hospitals for which a base year cost report is not on file, the Department will use a more recent filed cost report or, if no cost report is on file, the hospital's estimate of rate estimated as soon as a cost report becomes available. hospitals of similar size, location and service intensity. costs, adjusted as necessary according to experience with and the Department will retroactively adjust payments if payments are based. 2)

Restructuring Adjustment ()

Adjustments to base year costs will be made to reflect restructuring since filing the base year cost report. The restructuring must have

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.170(c) (continued)

hospital market basket price proxies and added to the base year costs. restructuring and identified from the most recent audited cost report reflect restructuring cost adjustments. For audited reports received following month. For audited reports received at the Finance Section must be significant, i.e., on a per unit basis; they must constitute effective date of the recalculated rate will be the first day of the costs. If an audited cost report becomes available during the rate between the sixteenth and last day of the month, the effective date The allowable Medicare/Medicaid costs (see 42 CFR Part available before or during the rate year. The restructuring costs report is received. Allowable restructuring costs are adjusted to one percent or more of the total allowable Medicare/Medicaid unit costs for the same time period. The Department will use the most will be the first day of the second month following the month the year, the reimbursement rate will be recalculated at that time to account for inflation from the midpoint of the restructuring cost reporting year to the midpoint of the base year according to the been mandated to meet state, federal or local health and safety at the Office of Health Finance-Section, Illinois Department of recent available audited cost report to determine restructuring 405, Subpart D, 1982) must be incurred as a result of mandated Public Aid, between the first and fifteenth of the month, the index and methodology of Data Resources, Inc. (DRI), national

Inflation Adjustment For Base Year Cost Report Inflator q

restructuring, will be updated from the midpoint of each hospital's base year to the midpoint of the fieeel-yeer rate period for which methodology of Data Resources, Inc. (DRI), national market basket rates are being set (*eate-year) according to the index and Base year costs, including any adjustments for mandated price proxies.

Review Procedure (a

The review procedure shall be in accordance with Section 80-111-Adm. Gede 148.310.

Applicable adjustments for Bisprepertienate-Shere DSH Hospitals and Uncompensated Care. ()

PPS as described in subsection (a) above, shall be in accordance with 89-iii.-Admr-Gode Section 148.120. The criteria and methodology for disproportionate share DSH hospitals which are exempt from the DRG The criteria and methodology for making applicable adjustments to making applicable adjustments for uncompensated care shall be in

Section 148.170(f) (continued)

accordance with 89-111--Adm--Gede-148+120(1)-er Section 148.150--as appliemble.

Outlier Adjustments 60

certain individuals shall be made in accordance with Section 89-111inpatient hospital services involving exceptionally high costs for Outlier adjustments to payment amounts for medically necessary Adm.-Gede 148.130.

Reductions to Total Payments P)

- Copayments are assessed under all medical programs Program, and shall be assessed in accordance with 89-1111-Admadministered by the Department except the Children and Family Assistance Program, formerly known as the General Assistance Gede Section 148.190. Copayments. 7
- The requirements of Section 148,290(e)(2) 89-111.-Adm.-Gede-149.290(e)(2) shall apply. Third Party Payments. 2)

Prepayment and Utilization Review į.)

Prepayment and utilization review requirements shall be in accordance with <u>Section</u> 89-111--Adm--Gode 148.240.

Cost Reporting Requirements ÷

66 Cost reporting requirements shall be in accordance with Section 111-Adm.-Gede 148.210. In the event that an audited cost report is not available at the time shall be used for the calculation of interim rates. Upon completion rates are calculated, the unaudited report for the applicable period of the audit, the rates shall be recalculated. Payments made under the interim rate shall be reconciled. K

Amended at 17 Ill. Reg. 3296, effective March 1, 1993)

and Services Which Can Be Performed in an Outpatient Setting Payment for Pre-operative Days, Patient Specific Orders, Section 148.180

reimbursed on a per diem basis under <u>Sections</u> 89-<u>111</u>--Adm--Gode 148.160, 148.170 or <u>148.240-148.250</u> through 148.300, payment for Pre-Operative Days. For hospitals and fer distinct part units a)

ILLINOIS RECISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.180(a) (continued)

pre-operative days shall be limited to the day immediately preceding written notation made by the physician which <u>documents indicates</u> that necessity of an additional day or days. The documentation must be kept in the patient's medical record and must should consist of a surgery unless the attending physician has documented the medical more than one pre-operative day is medically necessary.

Inpatient Procedures Requiring Justification Hespital-Serviees P)

- procedures which have been identified as procedures which may be documentation in the patient's medical record indicates that: payment for inpatient hospital services will not be made for performed safely in an outpatient setting (i.e., without an In accordance with Section 89-111-Adm.-Gode 148.140(a)(4), admission to the hospital for an overnight stay) unless 1
- medically necessary condition unrelated to the surgical The patient is in the hospital as an inpatient for a procedure; (Y
- unrelated procedure to be performed on an inpatient basis The patient is in the hospital as an inpatient for an simultaneously; B)
- performing the patient's surgery in an inpatient setting. οĘ The practitioner has documented the medical necessity 6
- setting and do not require that an inpatient admission would be procedures which may be safely performed outside the inpatient The list of procedures identified as restricted inpatient reevaluated annually. 2)
- restricted inpatient procedures will be made following notice to committees, State Medicaid Advisory Committee, representatives and consultations with the Department's professional advisory Illinois Hospital Association, and other interested groups or selected by the hospitals, other third party payors, the Additions to and deletions from the list of designated individuals. 3)

Ancillary Services and Tests ()

the patient's medical condition, including lab tests and x-rays) routine room and board and nursing which are required because of shall not be covered unless there is a patient specific written Ancillary services and routine tests (those services other than 1)

NOTICE OF ADOPTED AMENDMENTS

Section 148.180(c)(1) (continued)

responsible preetitioner for the care and treatment of the patient. The attending or operating physician esponsible patient. The attending or operating physician responsible for the care and treatment of the patient is required to sign all applicable sections for each test ordered in the appropriate place in the medical record. The order must be legible and explain completely all services or tests to be performed. Estanding orders are not acceptable owifiteient.

- Upon completion of the service or test, a fully documented description of results with findings, or the administration of medication, must be maintained in the patient medical records. Radiological services must have the actual x-rays and the interpretation report; laboratory/pathological tests must have the specific findings for each test; and drugs and pharmaccutical supplies must indicate strength, dosages and durations.
- 3) Charges for any and all such services or tests cannot exceed those charged to the general public. The failure to maintain and provide records as described in this Section shall result in the disallowance of the applicable charges upon audit.

(Source: Amended at 17 Ill. Reg. 3296, effective March 1, 1993)

Section 148.190 Copayments

- a) Copayments will be assessed on inpatient hospital services in the following amounts:
- 1) Inpatient hospital services in hospitals with an alternate cost per diem rate (see Section 148.270(a)) of \$325 or more.....\$3 per day.
- 2) Inpatient hospital services in hospitals with an alternate cost per diem rate <u>(see Section 148.270(a))</u> of more than \$275 but less than \$325.....\$2 per day.
- 3) Inpatient hospital services in hospitals with an alternate cost per diem rate (see Section 148.270(a)) of \$275 or less....No
- b) Copayments will be assessed under all medical programs administered by the Department except the Children and Family Assistance Program, formerly, known as the General Assistance medical program. Copayments

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.190(b) (continued)

will not be assessed against individuals under the age of 18, pregnant women (including post-partum women who have given birth within the last six weeks), or group care recipients. Copayments will be deducted automatically by the Department upon payment for services provided.

c) No provider may deny care or services on account of an individual's inability to pay a copayment; this requirement, however, shall not extinguish the liability for payment of the copayment by the individual to whom the care or services were furnished.

(Source: Amended at 17 Ill. Reg. 3296_, effective March 1, 1993)

Section 148.200 Alternate Reimbursement Systems

- a) Section 148.210 discusses cost reporting requirements for all hospitals participating in the Medicaid Program.
- b) Section 148.220 describes the payment methodology for hospital inpatient services to recipients for admissions occurring prior to September 1, 1991.
- c) The payments described in Sections 148.250 89-111*-Adm*-Gede-148.80; 148.240 through 148.300 and-Part-149 shall be effective for admissions on and after September 1, 1991.
- d) The payments described in Section 148.80 shall be effective for admissions on and after September 1, 1991, with the exception of provisions that relate to pancreas or kidney-pancreas transplants. Provisions relating to pancreas or kidney-pancreas transplants. be effective for admissions on and after July 1, 1992, In-the interim, hospitals—shall be eithered on a feer July 1, 1992, and admissions—on-and-after—September-1,-1994.
- 2) The-payments-deseribed-in-89-illy-Admy-Gode-148y120-shall-be effective-on or-after July 1x-1004-with-the exception-of-the payments-deseribed-in-148x120(1)-and-148x150-which-shall-be effective-on-or-ofter-August-ly-1991y---In-the-interimy-hospitals-

NOTICE OF ADOPTED AMENDMENTS

Section 148.200(d)(2) (continued)

the-Fiseal-Year-1992-determination-has-been-made-and-rates-have reimbursement-rate-which-was-in-effect-on-June-30,-1991,--Onee ад уна етеп св - м з з з - в е - та де - с е - с в е с з з в рез в з в в с е - в в в е been-eateutated-for-Fiseat-Year-1992,-appropriate-retroactive will-continue-to-receive-their-disproportionate-share

- Іп-the-interim,-hospitals-shall-be-reimbursed-as-£о11-омя €
- reimbursement-under-one-of-the-reimbursement-methodologies Hospitals-that,-on-August-31,-1991,-have-a-contract-with the-Department-under-Section-3-4-of-the-Illinois-Wealth Finance-Reform-Act-shall-elect-to-receive-interim 1-seted-below+ ₹¥
- The-hospital-g-weighted-average-contracting-rate-as stated-in-the-most-recentiy-negetiated-contract. #
- The-payment-methodology-in-effect-August-31,-1991-in aeeerdanee-with-89-Illr-Admr-Gode-148.220r **(++**
- Hospitals-that,-on-August-31,-1991,-do-met-have-a-eentraet Heaith-Finance-Reform-Act-shall-continue-to-be-reimbursed based-upon-the-payment-methodology-in-effect-August-31, with-the-Department-under-Seetion-3-4-of-the-Illinois 1991,-in-accordance-with-89-111,-Adm.-Gode-148,220, ₩ 18
- 149 or the reimbursement methodologies described in Sections 89-111-Prospective Payment System (PPS) described in 89 Ill. Adm. Code Pert Medical Assistance---Grant-(MAG)-and-Medical-Assistance---No-Grant methodologies for hospital inpatient services to recipients of Sections 148.250 148.240 through 148.300 describe the payment (MANG) provided by a hospital not reimbursed under the DRG 34mr-Gode 148.80, 148.160 and 148.170.

(e

Source: Amended at 17 Ill. Reg. 3296., effective March 1, 1993)

Filing Cost Reports Section 148.210

be required to file Medicaid cost reports within 90 days of the close of that provider's fiscal year. providing 100 400 or more inpatient days of care to Illinois program in 89 Ill. Adm. Code 149 (the DRG Prospective Payment System), shall Illinois that elect to be reimbursed under the methodology described All hospitals in Illinois, and those hospitals in contiguous states participants, and all hospitals located in states contiguous to

ILLINOIS REGISTER

3396

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.210(a) (continued)

- The Department may grant a 30-day extension of the due date for good cause. P)
- Меа≟еа≟а-сов€-тербет€-≟9-по€-оп~£≟≥е,-Еhе-hовр≱€а≟-тив€-виЬт≱€-д-∉д€е £iвеаi-уеатт--Тhe-Department-will-reealeulate-the-таtе-евtimate-when described in Sections 140.80, 140.82, 140.84, 140,94 and 140.95, may year-budget-and-utilination-estimate-for-the-most-recent-hospital not be reported as allowable Medicaid costs on the Medicaid cost a-Medieaid-eost-report-becomes-available-and-will-retrosetively Рет-пем-hовр±tа±в-ет-d±вt±пеt-рвтt-un±tв-£ет-wh±еh-a-base-уевт афјинет-рауменевт-і-Е-теротееф-еовев-ате-пое-еопаівеене-мі-ер-ере estimate-on-which-the-payments-are-based The assessment fees ()
- For a hospital that is electing to participate in the Illinois Medicaid Program and has not filed a Medicaid cost report before, the hospital must submit the two most recently audited Medicare cost reports Gost-Report at the time of enrollment. (p

(Source: Amended at 17 Ill. Reg. 3296, effective March 1, 1993)

Pre September 1, 1991, Admissions Section 148.220

September 1, 1991, will be calculated and paid in accordance with the statutes and administrative rules governing the time period when the services were Reimbursement to hospitals for claims for admissions occurring prior to

(Source: Amended at 17 Ill. Reg. 3296_, effective March 1, 1993)

Admissions Occurring on or after September 1, 1991 Section 148,230

Reimbursement to hospitals not reimbursed under the DRG PPS (see 89 Ill. Adm. 148.80, 148.160 and 148.170 for inpatient admissions occurring on or after September 1, 1991, shall be calculated in accordance with Sections 148.250 Code Part 149) or the reimbursement methodologies established at Sections 448+248 through 148.300, subject to the provisions of Section 148.20(b)

Source: amended at 17 Ill. Reg. 3296., effective March 1, 1993)

Inpatient Hospital Services Directly or Under Arrangements Prepayment-and Utilization Review and Furnishing of Section 148.240

Utilization Review CU

NOTICE OF ADOPTED AMENDMENTS

Section 148.240(a) (continued)

The Department, or its designee, may conduct preadmission, concurrent, prepayment, and postpayment reviews of:

- The quality and nature of the utilization of health services; 1
- inpatient hospital care for which additional payment is sought The medical necessity, reasonableness and appropriateness of under outlier provisions; 2)
- The validity of the hospital's diagnostic and procedural information; 3
- The completeness, adequacy and quality of the services furnished in the hospital; or 7
- participants or billing for services furnished to program Other medical or other practices with respect to program participants. 2

Medical Review Notification 9

Hospitals shall be notified at least thirty (30) days in advance of any preadmission, concurrent, or prepayment review requirements imposed by the Department.

Prepayment Review

designated services which shall be subject to prepayment review. The will be focused on areas where the Department has substantial reason The review may be conducted by the Department or its designated peer prepayment review requirement shall commence thirty (30) days after payment for services provided. Such prepayment review requirements review agent-agents. Prepayment review shall be used to determine inpatient stay can be documented. The Department shall notify the the Department has given notice to the hospital of the designated to suspect abuse (e.g., hospital billings deviate from the norm). Department for prepayment review and approval prior to rendering the appropriateness and medical necessity of the inpatient stay. Payment shall not be made unless the medical necessity of the hospital by letter or Department Informational Notice of the The Department may require hospitals to submit claims to the services which shall be reviewed.

Postpayment Review Ð

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.240(d) (continued)

The Department may also conduct postpayment review on specific types stays following reimbursement to the hospital for the care provided. Postpayment review shall be conducted on a random sample of hospital

- Hospitals and distinct part units that do not inpatient psychiatric hospital care in a psychiatric hospital, as defined in 89 Ill. Adm. Code 149.50(c)(1) shall be in accordance with Hospital Utilization Control. Hospitals and distinct part units that review standards and procedures and review committee for Medicaid as review plan requirements in 42 CFR, Ch. IV, Part 456, Subparts C, D, participate in Medicare (Title XVIII) must use the same utilization federal regulations at 42 CFR, CH. IV, Part 456, Subpart G (Ocobter participate in Medicare (Title XVIII) must meet the utilization or E (October 1, 1991). Utilization control requirements for they use for Medicare. (e
- Denial of Payment as a Result of Admissions, Length of Stay, Transfers and Quality Review £)₽}
- or has taken an action that results in the unnecessary admission or inappropriate discharge of a program participant, unnecessary If the Department determines that a hospital has misrepresented admissions, length of stay, discharges, or billing information, medical or other practices with respect to program participants or billing for services furnished to program participants, the multiple admissions of a program participant, unnecessary transfer of a program participant, or other inappropriate Department may, as appropriate: 1)
- inpatient hospital services provided with respect to such an unnecessary admission, inappropriate length of stay or discharge, subsequent readmission or transfer of an Deny payment (in whole or in part) with respect to individual. (Y
- Require the hospital to take action necessary to prevent or correct the inappropriate practice. (B
- Perform prepayment review in accordance with Section 148.240(b) RD 141+ Adm. Lade 148,2411111.
- within 30 days upon the request of a practitioner or provider if patient is denied by the Department or its designee, under subsection (f)($\!\{b\}(1)(A),$ a reconsideration will be provided When payment with respect to the discharge of an individual 2)

Section 148.240(f)(2) (continued)

necessity or appropriateness of care denial determination and is The date of the such request is the result of the designee's own medical received within 60 days of the Advisory Notice. Advisory Notice is counted as day one.

- related to a pattern of inappropriate admissions, length of stay and billing practices that has the effect of circumventing the determination under subsection $(f) \not \in (h)$ above, if it is prospective payment system, may result in: 3)
- hospital until the hospital provides adequate assurances of withholding Medicaid payment (in full or in part) to the compliance; or (Y
- termination of the hospital's Provider Agreement. B)
- Furnishing of Inpatient Hospital Services Directly or Under Arrangements 3
- 148.130, 148.150, 148.160, 148.170 and 148.250 through 148.300 are payment in full for all inpatient hospital services other The applicable payments made under Sections 148.80, 148.120, individual program participants and the services of certain than for the services of nonhospital-based physicians to hospital-based physicians as described in subsections (g)(1)(B)(i) through (g)(1)(B)(v) below. 7
- Hospital-based physicians who may not bill separately on a fee-for-service basis: A)
- A physician whose salary is included in the hospital's cost report for direct patient care may not bill separately on a fee-for-service basis. ij
- hospital or other institution includes a component for A teaching physician who provides direct patient care may not bill separately on a fee-for-service basis if the salary paid to the teaching physician by the reatment services. 11)
- Hospital-based physicians who may bill separately on a fee-for-service basis: B)
- hospital's cost report for direct patient care may A physician whose salary is not included in the bill separately on a fee-for-service basis. 1

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC ALD

NOTICE OF ADOPTED AMENDMENTS

Section 148.240(g)(1)(B) (continued)

- A teaching physician who provides direct patient care or other institution does not include a component for may bill separately on a fee-for-service basis if the salary paid to the teaching physician by the hospital treatment services. ii)
- the hospital, he or she is permitted to and does bill basis when, by the terms of his or her contract with private patients and collect and retain the payments A resident may bill separately on a fee-for-service received for those services, 111)
- fee-for-service basis when, by the terms of his or her patients and collect and retain the payments received, A hospital-based specialist who is salaried, with the contract with the hospital, he or she may charge for cost of his or her services included in the hospital professional services and do, in fact, bill private reimbursement costs, may bill separately on a iv)
- extent that he or she maintains a private practice and bills private patients and collects and retains A physician holding a nonteaching administrative or staff position in a hospital or medical school may bill separately on a fee-for-service basis to the payments made. A
- the physician seeking reimbursement has been personally involved Charges are to be submitted on a fee-for-service basis only when means presence in the operating room, performing or supervising in the services being provided. In the case of surgery, it the major phases of the operation, with full and immediate responsibility for all actions performed as a part of the surgical treatment. 2)

Amended at 17 III. Reg. 3296, effective March 1, 1993) (Source:

Section 148.250

(c)(4) and (c)(7), shall be reimbursed for inpatient hospital care provided to Determination of Alternate Payment Rates to Certain Exempt The exempt hospitals, defined in 89 III. Adm. Code 149.50(c)(1), (c)(2), Hospitals

recipients by summing the following reimbursement calculations:

NOTICE OF ADOPTED AMENDMENTS

Section 148.250 (continued)

- allowable operating cost per diem; a)
- other costs (capital, direct medical education, and CRNA costs) reimbursed on a per diem basis; -emd (q
- applieable, and outlier adjustments as described in 89-1111-Adm,-Gode uncompensated care adjustments as described in Section 148.150, as adjustments as described in 89-1111.-Adm.-Gode <u>Section</u> 148.120. er applicable DSH disprepertionate-share-and-uncompensated-eare Section 148.130+; and 0
- adjustments as described in 89 III. Adm. Code 148.290(c) through (d). applicable trauma center adjustments and rehabilitation hospital (p

(Source: Amended at 17 Ill. Reg. 3296, effective March 1, 1993)

Calculation and Definitions of Inpatient Per Diem Rates Section 148.260

- Calculation for the first rate year period #ate a)
- Allowable operating cost per diem 1
- described in <u>Section</u> 89-Ill--Adm.-Gode 148.250(a), and for hospital's Medicaid inpatient operating costs for the base the-hospital's-latest-audited-Medicaid-eost-report-on-file with-the-Department,-irer,-two-hospital-report-years,-1988 hospitals or hospital units, described in Section 89-111+ period as defined in Section 148.25(g)(1) (as-reported-on F¥-93,-eter} divided by the hospital's Medicaid inpatient The allowable operating cost per diem for a hospital, and-1989,-are-used-for-F¥-92-rates,-1989-and-1990-for Adm.-Gode 148.270, shall be calculated by taking the (A
- at the time rates are calculated, the unaudited report for the applicable period shall be used for the calculation of In the event that an audited cost report is not available Payments made under the interim Upon completion of the audit, the rates rate shall be reconciled. shall be recalculated. interim rates. B)
- care provided to Medicaid recipients beginning September 1, C)84 Operating cost base per diem rates for hospital inpatient 1991, and-ending-August-31,-1991, shall be calculated by:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.260(a)(1)(C) (continued)

- each of the two most recent years for which an audited Calculating each individual hospital's cost per diem less capital and direct medical education costs for Medicaid cost report exists, as described in subsection (a)(1)(A) above. 1)
- for-1988-and-one-for-1989) shall be trended forward to the midpoint of the eurrent rate period year using the Each of the two eest costs per diems diem (irerr-one national hospital market basket price proxies (DRI). 11)
- iii) These two trended operating east costs per dieme diem calculate the hospital's F¥±92 final operating cost are then added together and divided by two to per diem for the base period.
- hospital, described in Section 89-Ill*-Admr-Gode 148.250(a), and iatest-audited-Mediense-esst-report-on-file-with-the-Department, hospital's total inpatient days, trended forward to the midpoint The capital related cost per diem for a defined in Section 148.25(g)(1) (as-reperted-on-the-hospitalis for hospitals or hospital units, described in Section 89-111. hospital's total capital related costs for the base period as i-e-,-two-hoopital-report-years,-1988-and-1989,-are-ueed-for of the eurrent rate period year using the national hospital FY-92-rates,-1989-and-1990-fer-FY-93,-etery divided by the Adm.-Gode 148.270(b), shall be calculated by taking the market basket price proxies (DRI). Capital Related Costs. 2)
- These two trended capital related cost per diems are then added together and divided by two to calculate the hospital's adjusted capital related cost per diem.
- The adjusted capital related cost per diem, as calculated in subsection (a)(2)(A) above, shall be rank ordered for all hospitals and capped at the 80th percentile. B)
- related costs which shall be about to the amount calculated Each hospital shall receive a per diem add-on for capital in subsection (a)(2)(A) or other tion (a)(2)(B) above. whichever is less. 0
- cost per diem for a hospital, described in Section 89-411-Adm-Gode 148.250(a), and for hospitals or hospital units, described Direct Medical Education Costs. The direct medical education in Section 89-FFF-Admy-Gode 148.270, shall be calculated by 3)

NOTICE OF ADOPTED AMENDMENTS

Section 148.260(a)(3) (continued)

are-used-for-FY-92-rates,-1989-and-1990-for-FY-93,-ete,} divided the-hospital-s-latest-audited-Medienre-eost-report-on-file-with the-Department,-i.e.,-two-hospital-report-years,-1988-and-1989, by the hospital's total inpatient days, trended forward to the base period as defined in Section 148.25(g)(1) (ae-reperted-on taking total inpatient direct medical education costs for the midpoint of the eurrent rate period year using the national hospital market basket price proxies (DRI).

- The two trended direct medical education cost per diems are hospital's adjusted direct medical education cost per diem. then added together and divided by two to calculate the (A
- calculated in subsection (a)(3)(A) above, shall be rank ordered for all hospitals reporting such costs and capped The adjusted direct medical education cost per diem, as at the 80th percentile. B)
- medical education costs which shall be equal to the amount calculated in subsection (a)(3)(A) or subsection (a)(3)(B) Each hospital shall receive a per diem add-on for direct above, whichever is less. 6

CRNA Costs (7

- Medicare Program <u>as of September 1, 1992, (Seetion-5261-of</u> HGFA-14-3-Update,-3-1-91) shall be eligible for these Only hospitals that qualify for these payments under the (Y
- midpoint of the eurrent rate year period using the national hospital's total CRNA costs for the base period as defined The CRNA cost per diem shall be calculated by taking the hospital's total inpatient days, trended forward to the **Рератемен**тт-тт-көөрital-терөтt-уеат-1989-i9-чвеd-fөт in Section 148.25(g)(1) (as-reported-on-the-hospital-s latest-audited-Medieare-esst-report-sm-file-with-the F¥-92-mates,-1990-fer-F¥-93,-eter, divided by the hospital market basket price proxies (DRI). B)
- (a)(4)(A) above, shall receive a per diem add-on for CRNA costs which shall be equal to the amount calculated under Each qualifying hospital, as described in subsection subsection (a)(4)(B) above. 0
- Calculation for the Seesad and Third subsequent Rate Periods Years 6

ILLINOIS RECISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.260(b) (continued)

For the rate <u>periods</u> Feere beginning on <u>or after September October</u> 1, determined by taking the operating, capital, direct medical education and CRNA trended rate cost per diems calculated for the base period Prior-rate-year and updating those costs that rate by the national hospital market basket price proxies (DRI) to the midpoint of the 1992, and-on-September-1,-1993, the final rate per diem shall be rate period.

Galeulation-for-Subsequent-Rate-Years Rebasing ()

(a) shall be calculated using the methodology set forth in subsection For the rate period year beginning September October 1, 1994, and every third rate period year thereafter, the final rate per diem using the most recently available audited Medicare/Medicaid cost reports.

In the event that an audited cost report is not available at the time shall be used for the calculation of interim rates. Upon completion rates are calculated, the unaudited report for the applicable period of the audit, the rates shall be recalculated. Payments made under the interim rate shall be reconciled. (p

(Source: Amended at 17 Ill. Reg. 3296..., effective March 1, 1993)

Section 148.270

Hospitals and Payment Rates for Certain Exempt Hospital Determination of Alternate Cost Per Diem Rates For All

- Adm -- Gode-148.259-and 148.260, derived from the provider's two most alternate cost per diem rate, as calculated under Section 89-111methodology, the Department shall first calculate the hospital's recently audited inpatient Medicaid cost reports and the latest For all hospitals, regardless of the hospital's reimbursement Medicare cost reports on file with the Department. a)
- payment rate. For rehabilitation care, the resulting figure shall be used as the hospital's distinct part unit's payment rate. A hospital distinct part unit's per diem shall be the lessor of the hospital's In the case of a distinct part unit, as described in 89 Ill. Adm. Code 149.50(d), the Department shall divide the hospital's Medicaid individual hospital during the most recently completed fiscal year) charges per diem for all paid claims from the same time period, and related to the distinct part unit by the hospital's total Medicaid multiply the result by the hospital's total Medicaid alternate charges per diem (identified on paid claims submitted by the (q

NOTICE OF ADOPTED AMENDMENTS

Section 148.270(b) (continued)

insufficient paid claims history data available, the Department shall utilize the average payment rate calculated under this subsection (b) In the case of a new distinct part unit for which the Department has resulting figure or the hospital's Medicaid alternate payment rate shall be used as the hospital's distinct part unit's payment rate. calculated per diem rate or the mean distinct part unit rate, plus three standard deviations. For psychiatric care, the lower of the for like distinct part units.

- hospital that has significantly changed its case-mix profile (e.g. a In the case of a new hospital (not previously owned or operated), a cost-reporting hospital, reimbursement for inpatient services shall predominance of long term care patients), or an out-of-state non general acute care hospital changing its case-mix to reflect a as follows: ()
- For general acute-care hospitals, reimbursement for inpatient services shall be in-the-aggregate at the average net payment applicable, for those hospitals reimbursed under 89 Ill. Adm. Code Part 149. rate calculated under subsection (a) or (b) above, as 1)
- Adm.-Gede-148,250-through 148.260 for those hospitals defined in 149.50(c)(1), reimbursement for inpatient psychiatric services shall be at the average rate calculated under Section 89-111. psychiatric hospitals, as defined in 89 Ill. Adm. Code 89 Ill. Adm. Code 149.50(c)(1). 2)
- services shall be at the average rate calculated under Section For rehabilitation hospitals, as defined in 89 Ill. Adm. Code 89-1111-Adm.-Gode-148r250-through 148.260 for those hospitals 149.50(c)(2), reimbursement for inpatient rehabilitation defined in 89 Ill. Adm. Code 149.50(c)(2). 3)
- Code 149.50(c)(4), reimbursement for inpatient services shall be at the average rate calculated under Section 89-144-Adm.-Gode 448.250-through 148.260 for those hospitals defined in 89 Ill. For long term eere stay hospitals, as defined in 89 Ill. Adm. Adm. Code 149.50(c)(4). (†)
- the average rate calculated under subsection (a) above for those 149.50(c)(3), reimbursement for inpatient services shall be at For children's hospitals, as defined in 89 Ill. Adm. Code hospitals defined in 89 Ill. Adm. Code 149.50(c)(3). 2

Amended at 17 Ill. Reg. 3296, effective March 1, 1993) (Source:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Reimbursement Methodologies for Children's Hospitals and Hospitals Reimbursed Under Special Arrangements Section 148.280

- Children's Hospitals a)
- Initial Rate Period
- defined in 89 III. Adm. Code 149.50(c)(3), are grouped into A)+> For purposes of reimbursement, all children's hospitals, as one peer group.
- (1982)) for hospital hospitals fiscal years ending during Each hospital's costs for the base period shall be derived from audited cost reports (see 42 CFR 447.260 and 447.265 calendar year 1989 between-19-and-30-months-prior-to-the Eiseal-year-for-which-the-rates-are-being-set-(irer Salendar-Year-1989-for-Fiseal-Year-1992,-eter). B)2>
- at the time rates are calculated, the unaudited report for the applicable period shall be used for the calculation of In the event that an audited cost report is not available interim rates. Upon completion of the audit, the rates shall be recalculated. Payments made under the interim rate shall be reconciled. 0
- (4-e-y-1992) for which rates are being set according to the forward, from the midpoint of each hospital's base period Fear (4-e-v-1989) to the midpoint of the rate period year methodology of the national total hospital market basket D)34 These base period year costs shall be updated, trended price proxies, (DRI).
- the median rates shall receive as a final inpatient payment rate their trended rate minus half the difference between The children's hospitals' base period F¥-92 trended rates rate is then compared to the group's median trended rate. median trended rate. Each individual hospital's trended Hospitals whose individual trended rates are higher than Hospitals whose trended rates are lower than the group's payment rate their individual trended rate plus half the median trended rate shall receive as its final inpatient their trended rate and the group's median trended rate. shall be used as the basis for calculating the group's difference between their trended rate and the group's median trended rate. E)4)
- Subsequent Rate Periods 2)

NOTICE OF ADOPTED AMENDMENTS

Section 148.280(a)(2) (continued)

For the rate period beginning on October 1, 1992, the initial rate, as corrected according to the results of completed cost report audits, shall be updated from the midpoint of the base cost reporting period to the midpoint of the rate period using the national hospital market basket price proxies (DRI).

b) Hospitals Reimbursed Under Special Arrangements

During-the-transition-period-of-the-DRG-PPS-implementation,-hospitale Bospitals that, on August 31, 1991, had a contract with the Department under the ICARE Program, pursuant to Section 3-4 of the Illinois Health Finance Reform Act, may elect to continue to be reimbursed at rates stated in such contracts for general and specialty care for services provided on or after September 1, 1991, subject to the limitations described in Sections 148.40(e) through 148.40(e).

(Source: Amended at 17 III. Reg. 3296, effective March 1, 1993)

Section 148.290 Adjustments and Reductions to Total Payments

a) Applicable Adjustments for <u>DSH</u> Disproportionate-Share and Uncompensated Care

The criteria and methodology for making applicable <u>DSH</u>
disprepertionate-share and uncompensated care adjustments to
hospitals which are exempt from the DRG PPS (see 89 III. Adm. Coc
Part 149) shall be in accordance with 89-!!!*-Adm*-Gede-Geetiens
Section 148.120 or, if applicable, <u>Section</u> 148.150.

b) Outlier Adjustments

Outlier adjustments to payment amounts for medically necessary inpatient hospital services involving exceptionally high costs for certain individuals shall be made in accordance with <u>Section</u> 89-111. Adm. Code Part 149).

c) Trauma Center Adjustments

For inpatient admissions occurring on or after October 1, 1992, the Department shall make trauma center adjustments to hospitals recognized, as of the first day of July preceding the rate period, as Level I or Level II trauma centers by the Illinois Department of Public Health, or, if applicable, by the licensing agency in the

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.290(c) (continued)

State in which the hospital is located, in accordance with the provisions of subsections (c)(1) through (c)(5) below.

- 1) Level I Trauma Center Adjustment (TCA). Hospitals that, on the first day of July preceding the rate period, meet the following criteria shall receive an adjustment of \$19,200,00 per Medicaid trauma admission in the TCA base period:
- A) The hospital is reimbursed under Sections 148.250 through 148.300 or 89 111. Adm. Code 149; and
- The hospital is recognized as a Level I trauma center by the Illinois Department of Public Health, or by the licensing agency in the State in which the hospital is located if the hospital is located within 50 miles of an Illinois border.
- 2) Level II Rural Trauma Center Adjustment (TCA). Illinois rural hospitals that, on the first day of July preceding the rate period, are recognized as Level II trauma centers by the Illinois Department of Public Health shall receive an adjustment of \$9,400.00 per Medicaid trauma admission in the TCA base period.
- hospitals that, on the first day of July preceding the rate period, are recognized as Level II trauma centers by the Illinois Department of Public Health shall receive an adjustment of \$9,400.00 per Medicaid trauma admission in the TCA base period, provided that such hospital meets the criteria described in subsections (c)(3)(B) or (c)(3)(C) below:
- A) The trauma percentage shall be calculated for each hospital described in subsection (c)(3) above. The trauma percentage shall be calculated by dividing each such hospital's Medicaid trauma admissions by the total Medicaid trauma admissions for such hospitals.
- B) Each hospital described in subsection (c)(3) that meets the following additional criteria shall be sligible for the adjustment described in subsection (c)(3) above:
- The hospital is located in a county with no Level I trauma center;

NOTICE OF ADOPTED AMENDMENTS

Section 148.290(c)(3)(B) (continued)

- mean of the individual facility values determined in The hospital has a trauma percentage at or above the subsection (c)(3)(A) above; and ii)
- The hospital is located in a Health Manpower Shortage Area (HMSA) (42 CFR 5, 1989), as of the first day of July preceding the rate year.
- Each hospital described in subsection (c)(3) that meets the following additional criteria shall be eligible for the adjustment described in subsection (c)(3) above: 0
- The hospital is located in a county with no Level I trauma center; and Ţ
- the mean plus one standard deviation of the individual The hospital has a trauma percentage that is at least facility values determined in subsection (c)(3)(A) 11)
- recognized as Level I or Level II trauma centers by the Illinois County Trauma Center Adjustment (TCA). Illinois hospitals that, Department of Public Health, shall receive an adjustment that on the first day of July preceding the rate period, are shall be calculated as follows: (4)
- The available funds from the Trauma Center Fund for each quarter shall be divided by each eligible hospital's (as admissions in the same quarter of the TCA base period to defined in subsection (c)(4) above) Medicaid trauma determine the adjustment for the TCA base period. A)
- of the Social Security Act for purposes of the calculation The county trauma center adjustment payments shall not be treated as payments for hospital services under Title XIX of the intergovernmental transfer provided for in Section 15-3(a) of the Public Aid Code. B)
- Each eligible hospital's trauma center adjustment for the TCA rate period shall equal the sum of the amounts described in center adjustments shall be paid to eligible hospitals on a subsertions (c)(1), (c)(2), (c)(3), and (c)(4)(A). quarterly basis. (5
- Trauma Center Adjustment Limitations. Hospitals that qualify (9

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.290(c)(6) (continued)

for trauma center adjustments under this subsection shall not be adjustments calculated under this subsection shall be pro-rated, as applicable, based upon the date that such recognition ceased. Illinois Department of Public Health as a Level I trauma center described in subsection (c)(2) or (c)(3) above, or as a Level I eligible for the total trauma center adjustment if, during the above, a Level II trauma center as required for the adjustment described in subsection (c)(4) above. In these instances, the as required for the adjustment described in subsection (c)(1) TCA rate period, the hospital is no longer recognized by the or a Level II trauma center as required for the adjustment

- The definitions of terms used with reference to calculation of the trauma center adjustments required by subsection (c) are as follows: Trauma Center Adjustment Definitions. 7
- Treasurer which have been deposited into the Trauma Center available for distribution to the Department by the State "Available funds" means that 97.5 percent of the funds (A)
- period, State Fiscal Year 1992 for TCA payments calculated "TCA base period" means State Fiscal Year 1991, for TCA payments calculated for the October 1, 1992 ICA rate For the October 1, 1993, TCA rate period, etc. B)
- "TCA rate period" means, beginning October 1, 1992, the 12 month period beginning on October 1 of the year and ending September 30 of the following year, (C)
- through 864.19, 865.0 through 865.19, 866.0 through 866.13, "Trauma admission" means those claims billed as admissions, through 800.99, 801.0 through 801.99, 802.0 through 802.99, 803.0 through 803.09, 804.0 through 804.99, 805.0 through 805.98, 806.0 through 806.99, 807.0 through 807.69, 808.0 867.0 through 867.9, 868.0 through 868.19, 869.0 through 869.1, 887.0 through 887.2, 896.0 through 896.3, 897.0 contained within the Department's paid claims data base, 850.9, 851.0 through 851.99, 852.0 through 852.59, 853.0 861.0 through 861.32, 862.8, 863.0 through 863.99, 864.0 through 808.9, 809.0 through 803.1, 828.0 through 828.1, the engle \$32.2, \$50.0 through with an ICD-9-CM principal diagnosis code of: 800.0 which were subsequently paid by the Department and 839.0 through 839.3, \$39.7 through 853,19, <u>a</u>

NOTICE OF ADOPTED AMENDMENTS

Section 148.290(c)(6)(D) (continued)

925, 926,8, 929,0 through 929,99, 958,4, 958.5, 990 through admissions, which were subsequently paid by the Department, 994.99. For those hospitals recognized as Level I trauma through 897.7, 900.0 through 900.9, 902.0 through 904.9, admissions are only calculated for the claims billed as with ICD-9-CM diagnoses within the above ranges for centers solely for pediatric trauma cases, trauma children under the age of 18.

circuit clerks for certain violations of laws or ordinances "Trauma Center Fund" means the fund created for the purpose regulating the movement of traffic to Level I and Level II matching funds received by the Department as a result of expenditures made by the Department as required by this of distributing a portion of monies received by county Trauma Center Fund shall also consist of all federal trauma centers located in the State of Illinois. subsection (c).

E)

Rehabilitation Hospital Adjustment (RHA) q)

rehabilitation hospital adjustment in the RHA rate period as follows: III. Adm. Code 149.50(c)(2) and are accredited by the Commission on Illinois hospitals that, on the first day of July preceding the RHA rate period, qualify as rehabilitation hospitals, as defined in 89 Accreditation of Rehabilitation Facilities (CARF), shall receive a

- 149.50(c)(2), shall receive a rehabilitation hospital adjustment Eligible hospitals, as defined in 89 Ill. Adm. Code that consists of the following two components: 7
- Treatment Component. All hospitals defined in 89 Ill, Adm. Code 149.50(c)(2), shall receive \$3,800.00 per Medicaid Level I admission in the RHA base period. A)
- Code 149.50(c)(2), shall receive a facility component that Facility Component. All hospitals defined in 89 Ill. Adm. shall be based upon the number of Medicaid Level I admissions in the RHA base period as follows. B)
- admissions in the RHA base period shall receive a facility component of \$100,000.00 in the RHA rate Hospitals with fewer than 100 Medicaid Level I ij
- Hospitals with 100 or more Medicaid Level I admissions <u>ii</u>)

ILLINOIS RECISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.290(d)(1)(B)(ii) (continued)

component of \$400,000,00 in the RHA rate period. in the RHA base period shall receive a facility

- the RHA rate period shall equal the sum of the amounts described Each eligible hospital's rehabilitation hospital adjustment for rehabilitation hospital adjustments shall be paid to eligible in subsections (d)(1)(A) and (d)(1)(B) above. hospitals on a quarterly basis. 2)
- Rehabilitation Hospital Adjustment Definitions. The definitions rehabilitation hospital adjustments required by subsection (d) of terms used with reference to calculation of the 3)
- 851.80, 853.05, 854.0 through 854.04, 854.06, 854.1 through 854.14, 854.16, 854.19, 905.0, 907.0, 907.2, 952.0 through 952.09, 952.00, 952.10 through 952.16, 952.2, and V57.0 through base, with an occurrence code of 63 when applicable and an ICD-9-CM principal diagnosis code of: 054.3, 310.1 through admissions, which were subsequently paid by the Department 344.8 through 344.9, 348.1, 801,30, 803,10, 803.84, 806.0 "Level I admissions" means those claims billed as Level I 310.2, 320.1, 336.0 through 336.9, 344.0 through 344.2, and contained within the Department's paid claims data through 806.19, 806.20 through 806.24, 806.26, 806.29 through 806.34, 806.36, 806.4 through 806.5, 851,06, A)
- period, State Fiscal Year 1992 for RHA payments calculated "RHA base period" means State Fiscal Year 1991, for RHA payments calculated for the October 1, 1992 RHA rate for the October 1, 1993, RHA rate period, etc. B)
- "RHA rate period" means, beginning October 1, 1992, the 12 month period beginning on October 1 of the year and ending September 30 of the following year. G

e)e> Reductions to Total Payments

- Copayments. Copayments are assessed under all medical programs administered by the Department except the Children and Family Assistance Program, formerly known as the General Assistance medical program, and shall be assessed in accordance with 89 1111-Adm.-Gode 148.190. 7
- Third Party Payments. Hospitals shall determine that services 5

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.290(e)(2) (continued)

are not covered, in whole or in part, under any program or under coverage is available, the Department's payment obligation shall any other private group indemnification or insurance program, health maintenance organization, workers compensation or the tort liability of any third party. To the extent that such

3296, effective March 1, 1993) (Source: Amended at 17 Ill. Reg.

Review Procedure Section 148.310

- Inpatient Rate Reviews a)
- rate for errors in calculation. Such a request must be received Hospitals shall be notified of their inpatient rate for the rate in writing by the Department within 30 days of the date of the review within 30 days of receipt of the hospital's request for year and shall have an opportunity to request a review of the Department shall notify the hospital of the results of the Department's notice to the hospital of their rates. The 1
- Adm.-Gode-148.240 through 148.300 and 89 III. Adm. Code 149 with CRNA costs, may request that an adjustment be made to their base more of the total allowable Medicaid/Medicare unit costs for the be received, in writing, by the Department within 30 days of the Hospitals reimbursed in accordance with <u>Sections 148.250 89-111.</u> audited cost report available. These costs must be significant, Medicare/Medicaid costs must be identified from the most recent date of the Department's notice to the hospital of their rates. and safety standards, and which have occurred since the hospital's filing of the base year cost report. The allowable i.e., on a per unit basis, they must constitute one percent or same time period. Appeals for base year cost adjustments must review within 30 days of receipt of the hospital's request for respect to per diem add-ons for capital, medical education and year costs to reflect significant changes in costs which have been mandated in order to meet State, federal or local health Such request shall include a clear explanation of the cost Department shall notify the hospital of the results of the change and documentation of the desired correction. review. 2)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.310(a) (continued)

- midpoint-of-the-cost-reporting-yesr-to-the-midpoint-of-the-base hospital-mational-market-basket-pries-proxies,-(DRI),-and-added Allowable-costs-are-adjusted-to-account-for-inflation-from-the year-according-to-the-index-and-methodology-of-the-total te-the-base-year-cests. 3
- Disproportion Reviews (q
- received in writing by the Department within 30 days of the date Such request shall include a clear explanation of the error and share add-on for errors in calculation. Such a request must be notify the hospital of the results of the review within 30 days documentation of the desired correction. The Department shall disproportionate share qualification and add-on calculations. dispropertionate-share payment adjustments and shall have an Opportunity to request a review of the DSH disprepertionate Hospitals shall be notified of their qualification for DSH of the Department's notice to the hospital of its of receipt of the hospital's request for review.
- DSH Disproportionate-share determination reviews shall be limited to the following: 2)
- criteria for DSH disprepertienate-share determination shall Review shall be limited to verification that the Department be in accordance with Section 1923-of-the-Seeial-Seeumity DSH Disprepertionate-Share Determination Criteria. The utilized criteria in accordance with federal-and State Aet,-Publie-Aet-86-268-and-89-111,-Adm,-Gede 148.120. regulations. (A
- limited to verification that Medicaid inpatient utilization rates were calculated in accordance with federal and State Medicaid Inpatient Utilization Rates. Medicaid inpatient utilization rates shall be calculated pursuant to Section Section 89-111-Admr-Gade 148.120(a)(1). Review shall be 1923 of the Social Security Act,-Publie-Aet-86-268 and regulations. B)
- calculated in accordance with federal and State regulations. Low Income Utilization Rates. Low Income utilization rates shall be calculated in accordance with Section 1923 of the verification that low income utilization rates were 148.120(a)(2) and (d). Review shall be limited to Social Security Act and Section 89-111-Adm.-Gode 0

NOTICE OF ADOPTED AMENDMENTS

Section 148.310(b)(2) (continued)

- Illinois hospitals located in federally designated September 30, 1992, Illinois hospitals located in federally CFR 5, 1989, and Section 148.120(a) and 148.120(a)(3) based Federally Designated Health Manpower Shortage Areas (HMSA-s 148.120(a)(3) based upon the methodologies utilized by, and WMSA10 HMSAs shall be identified in accordance with 42 CFR designated HMSAs shall be identified in accordance with 42 Services substantiating that the hospital was located in a the most current information available to, the Department of Health and Human Services as of July 1, 1991 June-30th 5, 1989, -Publie-Aet-86-268 and Section 89-Ill--Adm--Gode upon the methodologies utilized by, and the most current obtain designation as federally designated HMSA-e HMSAs federally designated HMSA as of June-30th-of-the-fiseal of-the-figeal-year-prior-to-the-disproportionate-ohare information available to, the Department of Health and limited to hospitals in locations that have failed to only when such a request for review is accompanied by documentation from the Department of Health and Human Human Services as of June 30, 1992, Review shall be determination. For the period July 1, 1992, through provisions of this subsection shall no longer apply 1, 1991, or if applicable, as of June 30, 1992. effective on or after October 1, 1993. HMSAs). (a
- Excess Beds. Excess bed information shall be determined in уеат-ртіот-со-ске-фіврторотсіовасе-внате-фесеттявсьно July Planning Board substantiating that the information supplied Section 148.120(a)(3) and 77 Ill. Adm. Admin. Code,-Seetien most current information available to, the Illinois Health 1, 1991. Reviews shall be limited to requests accompanied accordance with Public Act 86-268 (89-111-Admin- Code, 1100) based upon the methodologies utilized by, and the Facilities Planning Board as of June-30th-ef-the-fiseel to and utilized by the Department was incorrect. The by documentation from the Illinois Health Facilities provisions of this subsection shall no longer apply effective on or after October 1, 1993. (H
- Medicaid Obstetrical Inpatient Utilization Rates. Medicaid obstetrical inpatient utilization rates shall be calculated and (n)(15). Review shall be limited to verification that in accordance with Section 148,120(a)(4), (n)(9), (n)(10) Medicaid obstetrical inpatient utilization rates were calculated in accordance with State regulations. E

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.310(b)(2) (continued)

TAP Adjustments. 3

- verification that Medicaid inpatient utilization rates 148.120(a)(1) and (j)(2). Review shall be limited to were calculated in accordance with State regulations, Medicaid Percentage. Medicaid inpatient utilization rates shall be calculated in accordance with Section Ţ
- Review shall be limited to verification that Medicaid in accordance with Section 148,120(j)(3) and (n)(11). obstetrical admission percentage shall be calculated Medicaid Obstetrical Admission Percentage. Medicaid obstetrical admission percentages were calculated in accordance with State regulations. (ii)
- children's admission percentage shall be calculated in (n)16). Review shall be limited to verification that iii) Medicaid Children's Admission Percentage. Medicaid accordance with Section 148.120(j)(4), (n)(3) and calculated in accordance with State regulations. Medicaid children's admission percentages were
- verification that these TAP bed limits were determined (j)(5)(A)(ii) shall be determined in accordance with The TAP bed limits described in such subsections, and review shall be limited to (j)(3)(A)(i), (j)(3)(A)(ii), (j)(5)(A)(i) and Section 148.120 (j)(2)(A)(i), (j)(2)(A)(ii), n accordance with such subsections. TAP Bed Limits. tv)
- information-available-to,-the-Illinois-Department-of-Public the-infermation-supplied-to-and-utilised-by-the-Department limited-to-requesto-accompanied-by-documentation-from-the 86-268-and-89-1117-Admr-Gode-148r120(m)(6)-and-(7)-based 111inoio-Department-of-Public-Health-substantiating-that upon-the-methodologies-utilised-by,-and-the-most-eurrent rates-shall-be-determined-in-accordance-with-Public-Act dispropertionate-share-determination--Reviews-shall-be Health-as-of-June-30th-of-the-fiseal-year-prist-to-the Өесирапеу-Каттовт--Оесирапеу H)F) CCA Payment Adjustments. HAB-IRCOPFOCET
- Section 148,120(6)(A), (n)(12) and (n)(16), Review Medicaid perinatal percentage shall be calculated in accordance with Medicaid Perinatal Percentage. ij

NOTICE OF ADOPTED AMENDMENTS

Section 148.310(b)(2)(H)(i) (continued)

shall be limited to verification that perinatal percentages were calculated in accordance with State regulations.

- Medicaid Obstetrical Percentage. Medicaid obstetrical percentage shall be calculated in accordance with Section 148.120(a)(6)(B), (n)(11) and (n)(16). Review shall be limited to verification that obstetrical percentages were calculated in accordance with State regulations.
- G) Medicare_Impatient_Utilibation_Percentages_--Medicare inpatient_utilibation_percentages_shall_be_calcutated_in accordence_with_Public_Act_86_268_and_89_Iblr_Admr_Gode 1487.20(m)/3}-through_65}-based_upon_the_hospital_s_cost report_for_the_hospital_b_based_upon_the_hospital_s_cost report_for_the_hospital_b_based_issed_year_(i.e._{T.},Calcudar Year_1986_for_the_hospital_be_payments_r_Galcudar Year_1987 for_the_accompanied_by_documentalion_for_medicate intermediary_cost_by_documentalion_for_medicate intermediary_cost_by_the_be_based_the_hospital_the_based_the_medicate the cond_utilibe_by_the_Department_was_incorported.
- c) Outlier Adjustment Reviewsr

The Department shall make outlier adjustments to payment amounts in accordance with 89 III. Adm. Code 149.105 or <u>Section</u> 148.130, whichever is applicable. Hospitals shall be notified of the specific information which shall be utilized in the determination of those services qualified for an outlier adjustment and shall have an opportunity to request a review of such specific information for errors in calculation only. Such a request must be received in writing by the Department within 30 days of the date of the Department's notice to the hospital of the specific information which shall be utilized in the determination of those services qualified for an outlier adjustment. Such request shall include a clear explanation of the error and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days of receipt of the hospital's request for

- d) Cost Report Reviews+
- Cost reports are required from:

1) all enrolled hospitals within the State of Illinois; and

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 148.310(d)(1) (continued)

- 2)B) all out-of-state hospitals entitingering-or-providing 100 200 inpatient days of service per hospital fiscal year, to persons covered by the Illinois Medical Assistance Program; and
- C) all hospitals not located in Illinois that elect to be reimbursed under the methodology described in 89 Ill. Adm. Code 149 (the DRC PPS).
- submitted annually within 90 days of the close of the hospital's Such a request for an extension shall be in writing and shall be Statement of Reimbursable Cost and Support Schedules. The audit The Department shall notify the hospital of the results Hospitals shall have the opportunity to request a review of the Hospitals shall be notified of the results of the final audited received by the Department's Office of Health Finance prior to final audited cost report. Such a request must be received in review. No additional data shall be accepted after the 45 day cost report which may contain adjustments and revisions which The completed cost statement with a copy of the hospital's Medicare cost report and audited financial statement must be shall be made in accordance with generally accepted auditing fiscal year. A one-time 30-day extension may be requested. writing by the Department within 45 days of the date of the The Office of Health of the review within 30 days of receipt of the hospital's Finance shall audit the information shown on the Hospital Department's notice to the hospital of the results of the finalized audit. Such request shall include all items of may have resulted from the audited Medicare Cost Report. documentation and analysis which support the request for standards and shall include tests of the accounting and statistical records and applicable auditing procedures. the end of the 90-day filing period. request for review. 2

e) Uncompensated Care Adjustment Reviews

The Department shall make uncompensated care adjustments in accordance with Section 148.150. Hospitals shall have the right to appeal the uncompensated care rate calculation or their ineligibility for the uncompensated care rate adjustment if it is believed that a technical error has been made in the calculation. The appeal must be in writing and must be received within 30 days of the date of the Department's notice to the hospital of its qualification for uncompensated care adjustments and payment adjustment amounts, or a letter of notification, that the hospital does not qualify for the

NOTICE OF ADOPTED AMENDMENTS

Section 148.310(e) (continued)

uncompensated care payment adjustment. The Department shall notify the hospital of the results of the review within 30 days of receipt of the hospital's request for review.

Trauma Center Adjustment Reviews (J

technical error has been made in the calculation. The appeal must be in writing and must be received within 30 days of the date of the shall notify the hospital of the results of the review within 30 days The Department shall make trauma care adjustments in accordance with uncompensated care adjustments and payment amounts. The Department Section 148.290(c). Hospitals shall have the right to appeal the trauma center adjustment calculations if it is believed that a Department's notice to the hospital of its qualification for of receipt of the hospital's request for review.

Rehabilitation Hospital Adjustment Reviews S

is believed that a technical error has been made in the calculation. The appeal must be in writing and must be received within 30 days of The Department shall notify the hospital of the to appeal the rehabilitation hospital adjustment calculations if it accordance with Section 148.290(d). Hospitals shall have the right qualification for rehabilitation hospital adjustments and payment The Department shall make rehabilitation hospital adjustments in results of the review no later than 30 days after receipt of the the date of the Department's notice to the hospital of its nospital's request for review. adjustment amounts.

Sole Community Hospital Designation Reviews P)

error has been made in the determination. The appeal must be made in The Department shall notify the hospital of the results of the review writing no later than 30 days after notification of the designation. accordance with 89 Ill. Adm. Code 149.125(b). Hospitals shall have the right to appeal the designation if it believes that a technical no later than 30 days after receipt of the hospital's request for The Department shall make sole community hospital designations in

(Source: Amended at 17 Ill. Reg. 3296, effective March 1, 1993)

ILLINOIS REGISTER

3420

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Alternatives Section 148.320

- The provisions of Sections 148.250 148.240 through 148.310 of this Part Pute shall be in effect during the fiscal year for so long as the Director of the Department finds that: a)
- The total number of hospitals agreeing to be reimbursed pursuant to the provisions of this Part *** is sufficient to assure that medical assistance recipients have reasonable access to hospital area, recipient travel time to obtain services, and availability services. In making this determination, factors considered by availability and the number of recipients within a geographic the Department include but are not limited to service of a range of services within the geographic area. 1
- The provisions are approved by the Department of Health and Human Services in the State Title XIX Plan. 2)
- The Department has not been enjoined, restrained of otherwise delayed or prohibited by Court order or actions of entities other than the Department from enforcing the provisions. 3)
- If any of the conditions specified above fail to occur, alternative service coverage and reimbursement limitations shall be implemented to assure that payments for hospital services during a fiscal year will be approximately the same as would have been made under this Part rule. 9

(Source: Amended at 17 Ill. Reg. 3296, effective March 1, 1993)

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- Adopted Action: New Section New Section New Section Amendment 3) Section Numbers: 140.80 140.84 140.94 140.82
- the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13) and Statutory Authority: Articles III, IV, V, VI, VII and Section 12-13 of Public Act 87-861, effective July 8, 1992 4)

Amendment

140.95

- 5) Effective Date of Amendments: February 19, 1993
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these Amendments contain incorporations by reference?
- 8) Date Filed in Agency's Principal Office: February 19, 1993
- 9) Notice of Proposal Published in Illinois Register:

October 2, 1992 (16 Ill. Reg. 15019)

- 10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No
- 11) Differences between proposal and final version: The following changes have been made in the proposed amendments:

Section 140.80

- A new subsection (a)(3)(E) has been added, as follows:
- All monies transferred from the Hospital Services Trust Fund.

Subsection (d)(4) has been revised to read:

and the justification for the amended report. The provider will or (6) below, an amended assessment report must be filed within The amended assessment reports filed in accordance with subsections (d)(5) report must be accompanied by a letter identifying the changes Amended Assessment Reports. With the exception of amended 30 calendar days of the original report due date. 4)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Penalties may be applied to the amount underpaid due to a filing be advised of any adjustments to the original annual assessment amount through a written notification from the Department,

Subsection (d)(5) has been revised by deleting the previous language in its entirety, and new language has been added as follows:

end does not coincide with the December 31st ending date for the statements audited by an external, independent auditor, to the If the hospital's year accompany such external financial audit statements if the data findings of such external financial audits and as indicated in Penalties may be An amended tax report must submitted on the initial tax report changes based upon the tax report, the hospital must submit all financial audits providers are required to submit a copy of all financial Department within thirty (30) days of the close of such Submission of Financial Audit Statements. All hospital applied to the amount underpaid due to a filing error. the audited external financial statements. externally performed financial audits. covering the tax report period. 2

A new subsection (d)(6) has been added, as follows:

period. Penalties may be applied to the amount underpaid due to If the Department, through an audit conducted by the Department or its agent, changes the tax thirty (30) days of the Department's notification of the change request a review or reconsideration of the adjusted tax within postmarked on or before the end of the thirty (30) day review liability of a hospital provider, the hospital provider may adjustment shall not be considered if such requests are not in tax liability. Requests for reconsideration of the tax Reconsideration of Adjusted Tax. a filing error. (9

Subsection (h)(3)(A) has been revised to read:

10 of the year; delayed payment requests for installments due on September 30 of the year must be received on or before September 15 of the year; delayed payment requests for installments due on (telefax requests are acceptable) to the Bureau of Program and December 31 of the year must be received on or before December March 31 of the year must be received on or before March 5 of follows: delayed payment requests for installments due on provisions, providers must submit their request in writing The request must be received as In order to receive consideration for delayed payment Reimbursement Analysis. (A

NOTICE OF ADOPTED AMENDMENTS

no later than the date of the telefax. The request must include: requirements for filing a delayed request. All telefax requests June 30 of the year must be received on or before June 4 of the the year; and delayed payment requests for installments due on must be followed up with original written requests, postmarked information before they are considered to have met the time year. Requests must be complete and contain all required

and Enforcement Provisions" and "Section 5C-6 of P.A. 86-861," has been The heading in Subsection (i) has been revised to read, "Administration changed to "Section 5A-7 of P.A. 86-861,".

Subsection (j)(2) has been revised to read:

June 30, 1993) will be effective on July 1, 1992 and shall apply Code 149.125(b) as in effect on July 1, 1992, whether public or assessments imposed by subsection (b) above, the sole community or otherwise invalid, in which case the provider shall pay the above unless this exemption is adjudged to be unconstitutional A sole community hospital provider, as defined in 89 Ill. Adm. shall be exempt from the assessments imposed by subsection (b) hospital provider designation for FY'93 (July 1, 1992 through private and whether organized for profit or not-for-profit, For the purpose of determining those hospitals that shall be exempt from the to the period of July 1, 1992 through June 30, 1993. assessments imposed by subsection (b). 2)

Subsection (j)(2)(A) has been entirely deleted.

Subsection (j)(2)(B) has been entirely deleted.

Subsection (j)(2)(C) has been entirely deleted.

Subsection (k) has been revised to read:

As used in this Section, unless the context requires otherwise.

In subsection (k)(1) the following language has been added at the end of the subsection:

All patient revenue accrued reimbursement may occur after the tax reporting period. Patient Adjusted gross hospital revenue must be reported on an accrual during the tax reporting period must be included even though revenue must be reported on a basis that is consistent with methods used on the hospital's last two (2) cost reports. basis for the tax reporting period.

A new subsection (k)(2) has been added, as follows:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

'Contractual Allowance" means the difference between charges at established rates and the amount estimated to be paid by third discounts provided to employees, medical staff and clergy; and agreements/contracts with the hospital; courtesy and policy deductions if applicable to the skilled nursing facility Participation fees/taxes paid to the Illinois Department charity care, but "contractual allowance" does not mean party payors or patients, as appropriate, pursuant to intermediate care facility revenue, or any Provider 2)

Subsections (k)(2) through (k)(7) as proposed, have each been renumbered to the next higher number $(i.e.\ (k)(3)$ through (k)(8).

Section 140,82

- new subsection (a)(3)(E) has been added, as follows:
- All monies transferred from the Medicaid Developmentally Disabled Provider Participation Fee Trust Fund. (E)

Subsection (d)(4) has been revised to read:

- Penalties may be applied to the amount underpaid due to a filing The provider will or (6) below, an amended assessment report must be filed within be advised of any adjustments to the original annual assessment 30 calendar days of the original report due date. The amended report must be accompanied by a letter identifying the changes assessment reports filed in accordance with subsections (d)(5) Amended Assessment Reports. With the exception of amended amount through a written notification from the Department. and the justification for the amended report. 4)
- A new subsection (d)(5) has been added, as follows:
- financial statements audited by an external, independent auditor end does not coincide with the June 30th ending date for the tax to the Department within thirty (30) days of the close of such externally performed financial audits. If the provider's year report, the provider must submit all financial audits covering the tax report period. An amended tax report must accompany such external financial audit statements if the data submitted Submission of Financial Audit Statements. All developmentally disabled care providers are required to submit a copy of all on the initial tax report changes based upon the findings of 2

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

external financial statements. Penalties may be applied to the such external financial audits and as indicated in the audited amount underpaid due to a filing error.

A new subsection (d)(6) has been added, as follows:

Reconsideration of Adjusted Tax. If the Department, through an audit conducted by the Department or its agent, changes the tax Requests for reconsideration of the tax adjustment shall not be considered if such requests are not postmarked on or before the developmentally disabled care provider may request a review or reconsideration of the adjusted tax within thirty (30) days of the Department's notification of the change in tax liability. end of the thirty (30) day review period. Penalties may be liability of a developmentally disabled care provider, the applied to the amount underpaid due to a filing error. (9

Subsection (h)(3)(A) has been revised to read;

September 30 of the year must be received on or before September 15 of the year; delayed payment requests for installments due on 10 of the year; delayed payment requests for installments due on June 30 of the year must be received on or before June 4 of the requirements for filing a delayed payment request. All telefax (telefax requests are acceptable) to the Bureau of Program and December 31 of the year must be received on or before December the year; and delayed payment requests for installments due on The request March 31 of the year must be received on or before March 5 of provisions, facilities must submit their request in writing information before they are considered to have met the time requests must be followed up with original written requests follows: delayed payment requests for installments due on year. Requests must be complete and contain all required Reimbursement Analysis. The request must be received as In order to receive consideration for delayed payment postmarked no later than the date of the telefax. must include: (A

The third sentence of subsection (h)(5) has been revised to read:

current ratio, as described in subsection (h)(1)(C) above is 1.5 The interest may be waived by the Director if the facility's or less and the facility meets the criteria in subsections (h)(1)(A) and (B) above.

In subsection (j)(1) the following language has been added to the end of the subsection:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

that is consistent with methods used on the hospital's last two reported on an accrual basis for the tax reporting period. All patient revenue accrued during the tax reporting period must be Patient revenue must be reported on a basis Adjusted gross developmentally disabled care revenue must be included even though reimbursement may occur after the tax reporting period. (2) cost reports.

A new subsection (j)(2) has been added, as follows:

"Contractual Allowance" means the difference between charges at established rates and the amount estimated to be paid by third provider; courtesy and policy discounts provided to employees, allowance" does not mean any Provider Participation fees/taxes medical staff and clergy; and charity care, but "contractual agreements/contracts with the developmentally disabled care party payors or patients, as appropriate, pursuant to paid to the Illinois Department of Public Aid. 2)

Subsections (j)(2) through (j)(6) as proposed, have each been renumbered to the next higher number (i.e. (j)(3) through (j)(7)).

Section 140.84

A new subsection (a)(3)(E) has been added, as follows:

All monies transferred from the Medicaid Long Term Care Provider Participation Fee Trust Fund. E)

Subsection (c)(1)(C) has been revised to read:

statement was provided in lieu of an actual assessment payment; assessment amount prior to payment because a certification This amount will be reduced by one twelfth of the annual 0

Subsection (d)(4) has been revised to read:

and the justification for the amended report. The provider will be advised of any adjustments to the original annual assessment or (6) below, an amended assessment report must be filed within The amended assessment reports filed in accordance with subsections (d)(5) report must be accompanied by a letter identifying the changes Amended Assessment Reports. With the exception of amended amount through a written notification from the Department. 30 calendar days of the original report due date. 4)

Penalties may be applied to the amount underpaid due to a filing

A new subsection (d)(5) has been added, as follows:

end does not coincide with the December 31st ending date for the externally performed financial audits. If the provider's year accompany such external financial audit statements if the data findings of such external financial audits and as indicated in Submission of Financial Audit Statements. All long term care statements audited by an external, independent auditor to the the audited external financial statements. Penalties may be covering the tax report period. An amended tax report must submitted on the initial tax report changes based upon the tax report, the provider must submit all financial audits providers are required to submit a copy of all financial Department within thirty (30) days of the close of such applied to the amount underpaid due to a filing error. 2

A new subsection (d)(6) has been added, as follows:

review period. Penalties may be applied to the amount underpaid provider may request a review or reconsideration of the adjusted tax within thirty (30) days of the Department's notification of the tax adjustment shall not be considered if such requests are Reconsideration of Adjusted Tax. If the Department, through an audit conducted by the Department or its agent, changes the tax the change in tax liability. Requests for reconsideration of liability of a long term care provider, the long term care not postmarked on or before the end of the thirty (30) day due to a filing error. (9

Subsection (h)(3)(A) has been changed as follows:

10 of the year; delayed payment requests for installments due on 15 of the year; delayed payment requests for installments due on September 30 of the year must be received on or before September June 30 of the year must be received on or before June 4 of the the year; and delayed payment requests for installments due on (telefax requests are acceptable) to the Bureau of Program and December 31 of the year must be received on or before December March 31 of the year must be received on or before March 5 of provisions, facilities must submit their request in writing follows: delayed payment requests for installments due on year. Requests must be complete and contain all required Reimbursement Analysis. The request must be received as In order to receive consideration for delayed payment A)

ILLINOIS REGISTER

14.28

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

requirements for filing a delayed payment request. All telefax requests must be followed up with original written requests by information before they are considered to have met the time certified mail postmarked no later than the date of the telefax. The request must include:

In subsection (i) "Section 5C-6 of P.A. 87-861," has been changed to "Section 5B-7 of P.A. 87-861,".

Subsection (j)(2) has been changed to read:

operating a SNF/ICF unit within the hospital that is subject to licensure by the Illinois Department of Public Health under the meaning of Title XVIII or XIX of the Social Security Act, shall be exempt from the assessment imposed by subsection (b) above, 1993) will be effective on July 1, 1992 and shall apply to the provider designation for FY'93 (July 1, 1992 through June 30, otherwise invalid, in which case the sole community hospital hospital providers that shall be exempt from the assessments imposed by subsection (b) above, the sole community hospital 149.125(b)) as in effect on July 1, 1992, whether public or private and whether organized for profit or not-for-profit, above. For the purpose of determining those sole community provider shall pay the assessment imposed by subsection (b) skilled or intermediate long-term care services within the Nursing Home Care Act or a hospital provider that provides unless the exemption is adjudged to be unconstitutional or regulations of the Illinois Department (89 Ill. Adm. Code A sole community hospital provider, as defined in the period of July 1, 1992 through June 30, 1993. 2)

In subsection (k), the word "section" has been changed to "Section."

Subsection (k)(5) has been changed by removing the labels, (i) and (ii), from the text.

Section 140,95

In subsection (b)(3), "89 Ill. Adm. Code Section 148.120(k)" has been changed to "89 Ill. Adm. Code 148.120(k)."

In the final sentence of subsection (d), the space in "audit/reconciliation" has been removed. The third sentence of subsection (h)(5) has been revised to read:

NOTICE OF ADOPTED AMENDMENTS

current ratio, as described in subsection (h)(l)(C) above is 1.5 The interest may be waived by the Director if the facility's or less and the hospital meets the criteria in subsections (h)(1)(A) and (B) above.

In subsection (n), the word "section" has been changed to "Section."

Subsection (o)(2)(B) has been revised to read:

If the Department cannot make payments at the level described in hospital's fee, or portion thereof, which has not been recouped by the hospital through the payment rates as described in subsection (o)(2)(A) above, refund to the hospital the subsection (o)(2)(A) above.

cross references to subsections within each rule. The words "above", "below" or "of this Section" have been added in the following subsections: Throughout these rules, changes have been made to more clearly identify cross references to subsections within each rule.

Section 140.80

Subsections (h)(1)(B)(ii) and (iii).

Subsections (h)(1)(C) and (h)(1)(E)(iii).

Subsection (h)(3)(A)(ii).

Subsections (h)(4), (h)(5) and (h)(6).

Subsection (j)(2)

Section 140.82

Subsection (e)(1).

Subsection (h)(1)(B)(iii).

Subsection (h)(1)(C)

Subsection (h)(1)(E)(iii).

Subsection (h)(4), (h)(5) and (h)(6).

Section 140.84

Subsection (e)(1).

Subsections (h)(l)(B)(ii) and (iii).

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Subsection (h)(1)(C)

Subsections (h)(1)(E)(iii) and (h)(3)(A)(ii).

Subsections (h)(4) and (h)(6).

Section 140.94

Subsection (a)(1).

Subsection (c)(2)

Subsection (e)(2)

Subsections (h)(4) and (h)(6).

Subsection (1)(1).

Subsections (n)(1) and (n)(3),

Section 140.95

Subsection (c)(2)

Subsection (e)(2).

Subsections (h)(1)(B)(ii) and (iii).

Subsections (h)(4), (h)(5) and (h)(6).

Subsection (1)(2)

Subsections (n)(1), (n)(2), (n)(3), (n)(4) and (n)(5).

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

Will these Amendments replace Emergency Amendments currently in effect? 13)

14) Are there any Amendments pending on this Part? Yes

Illinois Register Citation Proposed Action Sections

January 8, 1993 (17 Ill. Reg. 62) October 30, 1992 (16 Ill. Reg. 16495) November 6, 1992 (16 Ill. Reg. 17049) Amendment Amendment Amendment 140.485 140.19 140.12

3435

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

	Reg. 16495) Reg. 17461) Reg. 19665) Reg. 17956) Reg. 17209)
	Reg. Reg. Reg. Reg.
tion	
Cita	16 1 (16 (16 (16 (16
ister	1992 (16 III. Re 1992 (16 III. R 1992 (16 III. R 1992 (16 III. R 1992 (16 III. R
Reg	30, 1 20, 18, 30, 13,
Illinois Register Citation	October 30, 1992 (16 III. Reg. November 20, 1992 (16 III. Reg. December 18, 1992 (16 III. Reg. November 30, 1992 (16 III. Reg. November 13, 1992 (16 III. Reg.
Proposed Action	Amendment Amendment Amendment Amendment Amendment
Sections	140.488 140.511 140.539 140.642

necessary penalties, audits, reconciliations, and other procedures which implementation of the assessment provisions of the Medicaid Revenue Act 140.80, 140.82, and 140.84 provides procedures for the payment of the Summary and Purpose of Amendments: This rulemaking provides for the payments under the previous assessment program, while continuing any (Public Act 87-861, House Bill 2758). The addition of new Sections developmental disabilities, and by skilled and intermediate nursing amendments to Sections 140.94 and 140.95 are intended to terminate are needed for the termination of the previous assessment program. facilities, including county nursing homes, located in Illinois. assessments by hospitals, by providers of care for persons with 15)

the assessment; reporting requirements; late filing penalties; maintenance Section 140.80 sets forth requirements for hospitals located in Illinois of records; procedures for partial year reporting/operating adjustments; to file a provider tax report calculating the assessment; the payment of provisions, equals 2.5 percent of the hospital's adjusted gross revenue penalities and recovery process on delinguent assessment payments; and, for the most recent calendar year ending before the State fiscal year. delay of payment requirements. The hospital assessment, under these

with developmental disabilities located in Illinois to file a provider tax providers equals 13 percent of the facilities adjusted gross developmental Section 140.82 sets forth requirements for providers of care for persons procedures for partial year reporting/operating adjustments; penalities payment requirements. Under these provisions, the assessment for these reporting requirements; late filing penalties; maintenance of records; and recovery process on delinguent assessment payments; and, delay of report calculating the assessment; the payment of the assessment; disability care revenue for the prior State fiscal year.

nursing facilities, including county nursing homes, located in Illinois to delay of payment requirements. Under these provisions, the assessment for assessment; reporting requirements; late filing penalties; maintenance of file a provider tax report calculating the assessment; the payment of the penalities and recovery process on delinquent assessment payments; and, these facilities equals \$6.30 per occupied bed day for the most recent records; procedures for partial year reporting/operating adjustments; Section 140.84 sets forth requirements for skilled and intermediate calendar year ending before the State fiscal year.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

In related rulemaking actions, the Department adopted emergency changes in 147) were also adopted on an emergency basis effective August 31, 1992, to Effective October 1, 1992, these changes updated the rules for implementation of the implement the rate changes. Hospital reimbursement rates were changed by emergency amendments to the Department's hospital services rules (89 Ill, Sections 140.525 and 140.538 effective August 31, 1992, to implement the Changes in the rules governing reimbursement for nursing facilities (89 Ill. Adm. Code revised hospital reimbursement procedures which are required under the Adm. Code 148) and the rules governing the Diagnosis Related Grouping (DRG) Prospective Payment System (PPS) (89 Ill. Adm. Code 149). required changes in long-term care reimbursement rates. Medicaid Revenue Act (Public Act 87-861).

16) Information and guestions regarding these Adopted Amendments shall be

Joanne Jones Address: Name:

100 South Grand Avenue East, Third Floor Illinois Department of Public Aid Bureau of Rules and Regulations

Springfield, Illinois 62762 (217) 524-3215 Telephone: The full text of the Adopted Amendments begins on the next page:

Limits on Length of Stay by Diagnosis (Recodified)

40.203

(OMBs)

3434

93

5. 4.5. 6. 4.5.

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

	The state of the s	140 43
140.300	Payment for Fre-operative Days and Services Which Can be Periormed	140.45
	in an Outpatient Setting (Recodified)	140.45
1.	Copayments (Recodified)	
035 05:	Parment Methodology (Recodified)	140.45
· · · ·	Non-participating Hospitals (Recodified)	140.42
	bra 1989 Services (Recodified)	140.43
	Post June 30. 1989 Services (Recodified)	140.43
	Prenament Review (Recodified)	140.43
4 4 C C C C C C C C C C C C C C C C C C	Rase Year Costs (Recodified)	140.43
140.355	Restructuring Adiustment (Recodified)	140.43
140.367	Inflation Adiustment (Recodified)	140.43
140.358	Volume Adiustment (Repealed)	140.43
140.303	Groupings (Recodified)	140,44
140.370	Rate Calculation (Recodified)	140.44
140.371	Payment (Recodified)	140.44
140.372	Review Procedure (Recodified)	140.44
140.373	Utilization (Repealed)	140.44
140.374	Alternatives (Recodified)	140.44
140.375	Exemptions (Recodified)	140.44
140.376	Hillzation. Case-Mix and Discretionary Funds (Repealed)	140.44
140.390	Subscute Alcoholism and Substance Abuse Services (Recodified)	140.44
140.391	Definitions (Recodified)	140.44
140 392	Types of Subacute Alcoholism and Substance Abuse Services	140.45
4 5	(Recodified)	140.45
140.394	Payment for Subacute Alcoholism and Substance Abuse Services	140.45
	(Recodified)	140,45
140.396	Rate Appeals for Subacute Alcoholism and Substance Abuse Services	140.45
	(Recodified)	140.45
140.398	Hearings (Recodified)	140.45
		140.45

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

					y Items -							harmacy		
nd Laboratories					Dispensing of Pharmac				ry			Dispensing Items of P		
Payment to Practitioners, Nurses and Laboratories	Physicians' Services	Covered Services By Physicians	Services Not Covered By Physicians	Limitation on Physician Services	Requirements for Prescriptions and Dispensing of Pharmacy Items	Physicians	Optometric Services and Materials	Limitations on Optometric Services	Department of Corrections Laboratory	Dental Services	Limitations on Dental Services	Requirements for Prescriptions and Dispensing Items of Pharmacy	Items - Dentists	Podiatry Services
Section	40.410	100000000000000000000000000000000000000	1. S. A. 2. 2.	5 C C C C C C C C C C C C C C C C C C C	147 414		340.415	140.417	140.418	140.420	140.421	140.422		140.425

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

140.426	on Podiatry Services
140.471	<pre>Requirement for Frescriptions and Dispensing of Fnaimacy frems : Dodistrum</pre>
140.428	Chiropractic Services
40	Limitations on Chiropractic Services (Repealed)
140.430	Laboratory Services
140.431	
140.432	Limitations on Independent Laboratory Services
140.433	Payment for Laboratory Services
140.434	Record Requirements for Independent Laboratories
140.435	
140.436	Limitations on Nurse Services
140,440	Pharmacy Services
140.441	
140.442	Prior Approval of Prescriptions
140.443	Filling of Prescriptions
140.444	CO
140.445	Prescription Items (Not Compounded)
140.446	Over-the-Counter Items
140.447	Reimbursement
140.448	Returned Pharmacy Items
140.449	Payment of Pharmacy Items
140,450	Record Reguirements for Pharmacies
140.452	Mental Health Clinic Services
140.453	Definitions
140,454	Types of Mental Health Clinic Services
140,455	Payment for Mental Health Clinic Services
140,456	Hearings
140.457	Therapy Services
140.458	Prior Approval for Therapy Services
140,459	Payment for Therapy Services
140.460	Clinic Services
140,461	Clinic Participation Requirements
140.462	Covered Services in Clinics
140.463	
140.464	Psychiatric Clinics (Hospital-based)
140.465	Speech and Hearing Clinics (Repealed)
140.466	Rural Health Clinics
140.467	Independent Clinics
140.469	Hospice
140.470	Home Health Services
140.471	Home Health Covered Services
140.472	Types of Home Health Services
140.473	Prior Approval for Home Health Services
1:0.474	Payment for Home Health Services
140.475	Equipment, Supplies and Prosthetic
140.476	
	Payment Will Not Be Made

NOTICE OF ADOPTED AMENDMENTS

140.477	Limitations on Equipment, Supplies and Prosthetic Devices	14
140.478	Prior Approval for Medical Equipment, Supplies and Prosthetic	
	Devices	14
140.479	Limitations, Medical Supplies	14
140.480	Equipment Rental Limitations	14
140.481	Payment for Medical Equipment, Supplies and Prosthetic Devices	14
140.482	Family Planning Services	14
140.483	Limitations on Family Planning Services	14
140.484	Payment for Family Planning Services	14
140.485	Healthy Kids Program	14
140.486	Limitations on Medichek Services (Repealed)	14
140.487	Healthy Kids Program Timeliness Standards	14
140.488	Periodicity Schedule, Immunizations and Diagnostic Laboratory	14
	Procedures	14
140.490	Medical Transportation	14
140.491	Limitations on Medical Transportation	14
140.492	Payment for Medical Transportation	
140.495	Psychological Services	14
140.496	Payment for Psychological Services	14
140.497	Hearing Aids	14
		14
	STRPART F. CROTT CARE	7

SUBPART E: GROUP CARE

Constitute of Daymont Donning of House and the state of	Continuation of Payment Because of Threat To Life Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care	Continuation of Payment Because of Threat To Life Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient FundsPersonal Allowance Funds		Group Care Services Cessation of Payment at Federal Direction Cessation of Payment for Improper Level of Care
	Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care	Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient FundsPersonal Allowance Funds	PI	rovider Voluntary Withdrawal
Provider Voluntary Withdrawal	Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care	Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient FundsPersonal Allowance Funds	S	ontinuation of Provider Agreement
Provider Voluntary Withdrawal Continuation of Provider Agreement	Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care	Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient FundsPersonal Allowance Funds	De	etermination of Need for Group Care
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care	Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care	Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient FundsPersonal Allowance Funds	Se	ervices Provided Without Charge
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charqe	Utilization Review Plan (Repealed) Certifications and Recertifications of Care	Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient FundsPersonal Allowance Funds	5	tilization Control
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control	Certifications and Recertifications of Care	Certifications and Recertifications of Care Management of Recipient FundsPersonal Allowence Funds	Ut	tilization Review Plan (Repealed)
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed)		Management of Recipient FundsPersonal Allowance Funds	Ö	ertifications and Recertifications of Care
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient FundsPersonal Allowance Funds Recipient Management of Funds	Recipient Management of Funds		ပိ	orrespondent Management of Funds
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient Funds-Personal Allowance Funds Recipient Management of Funds Correspondent Management of Funds	Recipient Management of Funds Correspondent Management of Funds	Correspondent Management of Funds	[-1	acility Management of Funds
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient Funds-Personal Allowance Funds Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds	Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds	Correspondent Management of Funds Facility Management of Funds	US	se or Accumulation of Funds
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient Funds-Personal Allowance Funds Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds	Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds	Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds	Wa	anagement of Recipient Funds Local Office Responsibility
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient Funds-Personal Allowance Funds Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds Management of Recipient Funds-Local Office Responsibility	Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds Management of Recipient FundsLocal Office Responsibility	Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds Management of Recipient FundsLocal Office Responsibility	Ro	oom and Board Accounts
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient FundsPersonal Allowance Funds Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds Management of Recipient FundsLocal Office Responsibility Room and Board Accounts	Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds Management of Recipient Funds-Local Office Responsibility Room and Board Accounts	Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds Management of Recipient Funds-Local Office Responsibility Room and Board Accounts	Re	econciliation of Recipient Funds
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Review Plan (Repealed) Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient Funds-Personal Allowance Funds Recipient Management of Funds Correspondent Management of Funds Correspondent Management of Funds Wecipity Management of Funds Wanagement of Recipient Funds-Local Office Responsibility Room and Board Accounts Reconciliation of Recipient Funds	Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds Management of Recipient Funds-Local Office Responsibility Room and Board Accounts Reconciliation of Recipient Funds	Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds Management of Recipient FundsLocal Office Responsibility Room and Board Accounts Reconciliation of Recipient Funds	Be	ed Reserves
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient Funds—Personal Allowance Funds Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds Was or Accumulation of Funds Management of Recipient Funds Management of Recipient Funds Beconciliation of Recipient Funds Reconciliation of Recipient Funds Bed Reserves	Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds Management of Recipient FundsLocal Office Responsibility Room and Board Accounts Reconciliation of Recipient Funds Bed Reserves	Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds Management of Recipient FundsLocal Office Responsibility Room and Board Accounts Reconciliation of Recipient Funds Bed Reserves	Ce	essation of Payment Due to Loss of License
Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review Plan (Repealed) Certifications and Recertifications of Care Management of Recipient Funds Recipient Management of Funds Correspondent Management of Funds Gorrespondent Management of Funds Wes or Accumulation of Funds Wend of Recipient Funds Use or Accumulation of Funds Reconciliation of Recipient Funds Reconciliation of Recipient Funds Reconciliation of Recipient Funds Bed Reserves Cessation of Payment Due to Loss of License	Recipient Management of Funds Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds Management of Recipient FundsLocal Office Responsibility Room and Board Accounts Reconciliation of Recipient Funds Bed Reserves Cessation of Payment Due to Loss of License	Correspondent Management of Funds Facility Management of Funds Use or Accumulation of Funds Management of Recipient FundsLocal Office Responsibility Room and Board Accounts Reconciliation of Recipient Funds Bed Reserves Cessation of Payment Due to Loss of License	0	The state of the s

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

140.526	Quality incentive standards and triteria for the Quality incentive Program (OUIP) (Repealed)
140.527	Threnti
	of Onality
140 520	(Renealed)
140.530	
140.531	Service Costs
140.532	Health Care Costs
140.533	General Administration Costs
140.534	Ownership Costs
140.535	Costs for Interest, Taxes and Rent
140.536	Organization and Pre-Operating Costs
140.537	Payments to Related Organizations
140.538	10
140.539	s Aide Training and Testing
140.540	Costs Associated With Nursing Home Care Reform Act and Implementing
L	
140.541	Cost bosest Filling Possitionary
140.041	reports tring regardence
140.543	
140.044	(kepealed)
140.545	for Failure
140.550	
140.551	
140.552	Nursing and Program Costs
140.553	General Administrative Costs
140.554	Component Inflation Index
140.555	Minimum Wage
140.560	Components of the Base Rate Determination
140.561	Support Costs Components
140.562	Nursing Costs
140.563	Capital Costs
140.565	Kosher Kitchen Reimbursement
140.566	Out-of-State Placement
140.567	Level II Incentive Payments (Repealed)
140.568	Duration of Incentive Payments (Repealed)
140.569	Clients With Exceptional Care Needs
140.570	Capital Rate Component Determination
140.571	Capital Rate Calculation
140.572	Total Capital Rate
140.573	Other Capital Provisions
140.574	Capital Rates for Rented Equilities
140.575	Newly Constructed Facilities (Repealed)
140.576	tions (Repealed)
140.577	Capital Costs for Rented Facilities (Renumbered)
140.578	Property Taxes

44.39

NOTICE OF ADOPTED AMENDMENTS

			07	
Mandated Capital Improvements (Repealed) Qualifying as Mandated Capital Improvement (Repealed) Cost Adjustments Campus Facilities Illinois Municipal Retirement Fund (IMRF)	-	Reimbursement for Developmental Training (UI) bervices for Individuals With Developmental Disabilities Who Reside in Long Term Care (ICF and SNF) and Residential (ICF/MR) Facilities Description of Developmental Training (DT) Services Determination of the Amount of Reimbursement for Developmental Training (DT) Programs	Effective Dates of Reimbursement for Developmental Training (DT) Programs Certification of Developmental Training (DT) Programs Decertification of Day Programs Terms of Assurances and Contracts	Effective Date Of Payment Rate Discharge of Long Term Care Residents Appeals of Rate Determinations Determination of Cap on Payments for Long Term Care (Repealed)
140.580 140.581 140.582 140.583	140.590 140.642 EMERGENCY 140.643	140.647 140.647	140.649 140.650 140.651	140.680 140.700 140.830

SUBPART F: MEDICAID PARTNERSHIP PROGRAM

											Reimbursement For Program Costs (Active Treatment) For Clients in	the Developmentally Disabled	
	General Description	Definition of Terms	Covered Services	Sponsor Qualifications	Sponsor Responsibilities	Department Responsibilities	Provider Qualifications	Provider Responsibilities	Payment Methodology	Contract Monitoring	Reimbursement For Program Costs	Long Term Care Facilities For the Developmentally Disabled	(Recodified)
Section	140.850	140.855	140.860	140.865	240,870	140.875	140,880	140,383	240.890	140.895	140.896		

SUBBPART G: REIMBURSEMENT FOR NURSING COSTS FOR GERIATRIC FACILITIES

	Group	
	in	
	esidents	
	R	
	s For Geriatric Residents in Group	
	or	
	S	
	ost	_
	O 6	ied
	Nursin	ecodif
	or	(3
	IT F	ies
	Reimbursement For Nursing Costs	Care Facilities (Recodified)
Section	140.900	

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOP'TED AMENDMENTS

Functional Areas of Needs (Recodified) Service Needs (Recodified) Definitions (Recodified) Times and Staff Levels (Repealed) Statewide Rates (Recodified) Midnight Census Report (Recodified) Times and Staff Levels (Recodified) Statewide Rates (Recodified) Statewide Rates (Recodified) Basic Rehabilitation Aide Training Program (Recodified) Interim Nursing Rates (Recodified)	SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT EQUITY (ICARE) PROGRAM Illinois Competitive Access and Reimbursement Equity (ICARE) Program (Recodified) Definition of Terms (Recodified)	Notification of Negotiations (Recodified) Hospital Participation in ICARE Program Negotiations (Recodified) Negotiation Procedures (Recodified) Factors Considered in Awarding ICARE Contracts (Recodified) Closing an ICARE Area (Recodified) Administrative Review (Recodified) Payments to Contracting Hospitals (Recodified) Admitting and Clinical Privileges (Recodified)	0 0	Hospital Services Procurement Advisory Board (Recodified) Elimination Of Aid To The Medically Indigent (AMI) Program (Emergency Expired) Elimination Of Hospital Services For Persons Age Eighteen (18) And Older And Persons Married And Living With Spouse, Regardless Of Age (Emergency Expired) DE A Medichek Recommended Screening Procedures (Repealed) DE B Health Service Areas DE C Capital Cost Areas DE C Capital Cost Areas DE Schedule of Dental Procedures DE Procedures DE Prodeiatry Service Schedule
140.901 140.902 140.903 140.905 140.905 140.908 140.909 140.910	Section 140.940 140.942	140.944 140.946 140.950 140.952 140.952 140.955 140.956	140.960 140.964 140.964 140.968 140.968	140.972 140.982 140.7ABLE 140.TABLE 140.TABLE 140.TABLE 140.TABLE

NOTICE OF ADOPTED AMENDMENTS

		(Recodified)			Incentive Add-On
		ning Programs			to Surgical
ds	ivity	on for Train		10% Add-On	10% Add-On
140.TABLE G Travel Distance Standards	Areas of Major Life Activity	Staff Time and Allocation for Training Programs (Recodified)	HSA Grouping (Repealed)	Services Qualifying for 10% Add-On	140.TABLE L Services Qualifying for 10% Add-On to Surgical Incentive Add-On
G T		I S	J H	X	L S
140.TABLE	140.TABLE H	140.TABLE	140.TABLE	140.TABLE	140.TABLE

AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 6503-1 et seq.) [20 ILCS 2215/3-1 et Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, 12-13) [305 ILCS 5/3-1 et seg., 5/4-1 et seg., 5/5-1 et seg., 5/6-1 et seg., pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and] and implementing and authorized by Articles III, IV, V, VI, VII and 5/7-1 et seg., and 5/12-13]

emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emengency of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 anneadment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; 111. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency days; recodified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. 24, 1984; amended at 8 Ill. Reg. 22097, effective October repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; 24, 1984; peremptory amendment at 8 Ill. Req. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; at 7 111. Reg. 7956, effective July 1, 1983; amended at 7 111. Reg. 8308, February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, offection (Actober 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, offective October

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended 140. Table H and 140. Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 1986; amended at 10 111. Reg. 14714, effective August 27, 1986; amended at 10 amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. and 147. Table A and 147. Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; 111. Reg. 14684, effective September 13, 1985; amended at 9 111. Reg. 15503, Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, maximum of 150 days; amended at 12 111. Reg. 5427, effective March 15, 1988; February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 111. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22. Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 111. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798,

NOTICE OF ADOPTED AMENDMENTS

September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; 140.94 thru 140.398 recodified to 89 III. Adm. Code 148.10 thru 148.390 at 13 III. Reg. 9572; emergency amendment at 13 III. Reg. 10977, effective July 1, Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective 1989; Sections 140.850 thru 140.896 recodified to 89 Ill Adm. Code 146.5 thru 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment days; amended at 12 111. Reg. 16738, effective October 5, 1988; amended at 12 effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July $17,\ 1989$; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency maximum of 150 days; emergency expired August 3, 1990; emergency amendment at at 13 111. Reg. 125, effective January 1, 1989; amended at 13 111. Reg. 2475, at 13 111. Reg. 11516, effective July 3, 1989; amended at 13 111. Reg. 12119, 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7025, effective April 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a 24, 1989; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570,

ILLINOIS REGISTER

L'ATTE BE

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

5, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 16 Ill. Reg. 19146, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November Ill. Reg. 11174, effective June 26, 1992; expedited correction at 16 Ill. Reg. 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Reg. 10468, effective July 1, 1991; amended at 15 111. Reg. 11176, effective maximum of 150 days; emergency expired January 12, 1992; emergency amendment effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; 111. Reg. 18057, effective October 22, 1990; amended at 14 111. Reg. 18508, 1174; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 11348, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, Ill. Reg. 6408, effective March 20, 1992; amended at 16 Ill. Reg. 6849, 1991, for a maximum of 150 days; emergency expired December 22, 1991; effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592,

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART C: PROVIDER PARTICIPATION FEES

Hospital Provider Fund Section 140.80

Purpose and Contents. a

- Treasury upon enactment of Public Act 87-861. Interest earned by the Fund shall be credited to the Fund. The Fund shall not The Hospital Provider Fund ("Fund") was created in the State be used to replace any funds appropriated to the Medicaid program by the General Assembly. 1
- The Fund is created for the purpose of receiving and disbursing monies in accordance with this Section and Public Act 87-861. 7
- The Fund shall consist of: 3)
- All monies collected or received by the Department under subsections (b) below; A)
- All federal matching funds received by the Department as a result of expenditures made by the Department that are attributable to monies deposited in the Fund; 8
- Any interest or penalty levied in conjunction with the administration of the Fund; O
- All other monies received for the Fund from any other source, including interest earned thereon; and (a
- All monies transferred from the Hospital Services Trust Fund. E)

Provider Assessments 9

hospital provider for the State fiscal year beginning on July 1, 1992 calendar year ending before the beginning of that State fiscal year. The Department reserves the right to audit the reported Adjusted gross hospital revenue will be based upon the provider's and ending on June 30, 1993, in an amount equal to 2.5% of the provider's adjusted gross hospital revenue for the most recent annualized calendar year 1991 revenue reported on the Hospital Beginning on July 1, 1992, an assessment is imposed upon each Provider tax form to be filed by a date designated by the Department,

Payment of Assessment Due, 0

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.80(c) (continued)

- and payable in quarterly installments, each equalling one-fourth The assessments described in subsection (b) above shall be due postmarked on the due date will be considered as paid on time. of the assessment for the year, on September 30, December 31, Assessment payments March 31, and June 30 of the year. 7
- All payments received by the Department shall be credited first interest), beginning with the most delinguent installments. to unpaid installment amounts (rather than to penalty or 2)
- Reporting Reguirements, Penalty, and Maintenance of Records q
- After December 31 of each year, and on or before March 31 of the State fiscal year commencing on the next July 1, except that the report for the State fiscal year commencing July 1, 1992 and the Illinois Department of Public Health, a separate report shall be hospital revenue from the calendar year just ended and shall be assessment under subsection (b) above shall file a report with The report shall be on a form prepared by the utilized by the Department to calculate the assessment for the report of revenue for calendar year 1991 shall be filed on or operates, or maintains more than one hospital licensed by the before September 30, 1992. If a hospital provider conducts, filed for each hospital. In the case of a hospital provider president, vice-president, secretary, or treasurer or by its individual, the report filed by it shall be signed by its Department. The report shall include the adjusted gross existing as a corporation or legal entity other than an succeeding year, every hospital provider subject to an properly authorized agent, the Department. 1
- shall, unless waived by the Department for reasonable cause, be penalty assessment equal to 25% of the assessment imposed for If the hospital provider fails to file its report for a State fiscal year on or before the due date of the report, there added to the assessment imposed in subsection (b) above a the year. 2)
- permit the determination of adjusted gross hospital revenue on a maintained for a minimum of three (3) years following the filing date of the assessment report and shall, at all times during subsection (b) above shall keep records and books that will business hours of the day, be subject to inspection by the calendar year basis. All such books and records shall be Department or its duly authorized agents and employees, Every hospital provider subject to an assessment under 3)

NOTICE OF ADOPTED AMENDMENTS

Section 140.80(d) (continued)

- Penalties may be applied to the amount underpaid due to a filing and the justification for the amended report. The provider will or (6) below, an amended assessment report must be filed within be advised of any adjustments to the original annual assessment 30 calendar days of the original report due date. The amended report must be accompanied by a letter identifying the changes assessment reports filed in accordance with subsections (d)(5) Amended Assessment Reports. With the exception of amended amount through a written notification from the Department. 4)
- end does not coincide with the December 31st ending date for the statements audited by an external, independent auditor, to the externally performed financial audits. If the hospital's year accompany such external financial audit statements if the data findings of such external financial audits and as indicated in the audited external financial statements. Penalties may be covering the tax report period. An amended tax report must submitted on the initial tax report changes based upon the tax report, the hospital must submit all financial audits providers are required to submit a copy of all financial Department within thirty (30) days of the close of such Submission of Financial Audit Statements. All hospital applied to the amount underpaid due to a filing error. 5)
- period. Penalties may be applied to the amount underpaid due to Reconsideration of Adjusted Tax. If the Department, through an audit conducted by the Department or its agent, changes the tax thirty (30) days of the Department's notification of the change request a review or reconsideration of the adjusted tax within postmarked on or before the end of the thirty (30) day review liability of a hospital provider, the hospital provider may adjustment shall not be considered if such requests are not Requests for reconsideration of the tax in tax liability. a filing error. 9

Procedure for Partial Year Reporting/Operating Adjustments (e)

subject to assessment under subsection (b) above, the assessment for the State fiscal year in which the cessation occurs shall be adjusted by multiplying the assessment computed under subsection Cessation of business during the fiscal year in which the tax is (d) by a fraction, the numerator of which is the number of days being paid. If a hospital provider ceases to conduct, operate, in the year during which the provider conducts, operates, or or maintain a hospital in respect for which the person is 7

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.80(e)(1) (continued)

maintains the hospital and the denominator of which is 365. The not more than 90 calendar days after the cessation, reflecting person shall file a final, amended report with the Department assessment for the year as so adjusted, to the extent not the adjustment and shall pay with the final return the previously paid.

- pay the assessment under subsection (d) above as computed by the commencement occurs within 90 calendar days thereafter and shall the initial assessment determination. In determining the annual subject to assessment under subsection (b) above, shall file an dates for the State fiscal year occurring after the due date of assessment amount for the provider the Department shall develop Department in equal installments on the due date of the initial Commencing of business during the fiscal year in which the tax is being paid. A hospital provider who commences conducting. operating, or maintaining a hospital for which the person is assessment determination and on the regular installment due assessment determination made by the Department is final. geographic location, facility size and patient case mix. hypothetical annualized revenue projections based upon initial report for the State fiscal year in which the 2)
- Partial Calendar Year Operation Adjustment. A hospital provider that did not conduct, operate, or maintain a hospital throughout the following State fiscal year shall be annualized based on the realized by a prior provider from the same hospital during the the entire calendar year reporting period, the assessment for calendar year shall be used in the annualization equation, if period the hospital was operational (dividing adjusted gross provider's actual revenues for the portion of the reporting hospital revenue by the number of days the hospital was in operation and then multiplying the amount by 365). available. 3

Penalties £)

Any hospital that fails to pay the full amount of an installment when due shall be charged, unless waived by the Department for installment not paid on or before the due date, plus 5% of the portion thereof remaining unpaid on the last day of each month reasonable cause, a penalty equal to 5% of the amount of the thereafter, not to exceed 100% of the installment amount not paid on or before the due date, 1

93

Section 140.80(f) (continued)

- participating in the Medicaid Program. Payments may be withheld penalties, is satisfied or until a reasonable repayment schedule this recoupment in accordance with Department rules contained in 89 Ill. Adm. Code 104. The Department has the right to continue hospital two times in a fiscal year may be cause for termination has been approved by the Department. If a reasonable agreement from the hospital until the entire provider fee, including any Within forty-five (45) days from the due date, the Department recouping the amount or a portion thereof from the hospital's future payments from the Department. The provider may appeal recoupment during the appeal process. Penalties pursuant to recoupment process. Recoupment proceedings against the same cannot be reached or if a hospital fails to comply with an agreement the Department reserves the right to recover any subsection (f)(1) above will continue to accrue during the outstanding provider assessment, interest and penalty by may begin recovery actions against delinguent hospitals from the Program. 7
- If the hospital does not participate in the Medicaid Program, or Department cannot recover the full amount due through the claims processing system, within three months of the fee due date, the Department may begin legal action to recover the monies, including penalties and interest owed, plus court costs. is no longer doing business with the Department, or the 3

Delayed Payment - Groups of Hospitals 6

The Director may establish delayed payment of fees and/or waive the payment of interest and penalties for groups of hospitals such as disproportionate share hospitals or all other hospitals when:

- the State delays payments to hospitals due to problems related to state cash flow, or
- requests from providers for loans are in excess of its scheduled a cash flow bond pool's, or any other group financing plans', proceeds such that a significant number of hospitals will be unable to obtain a loan to pay the fee.

Delayed Payment - Individual Hospitals)

timely payments under this Section due to financial difficulties. No In addition to the provisions of subsection (g) above, the Director may delay fees for individual hospitals that are unable to make

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.80(h) (continued)

delayed payment arrangements shall extend beyond the last business day of the calendar quarter following the quarter in which the fee was to have been received by the Department as described in subsection (c) above.

- under extraordinary circumstances. Delayed payment provisions Criteria. Delayed payment provisions may be instituted only may be made only to qualified hospitals who meet all of the following requirements:
- to the clients served. Circumstances which may create such emergencies include, but are not limited to, the following: and (f)(2) above would impose severe and irreparable harm Emergency in this instance is defined as a circumstance necessitates institution of delayed payment provisions. provisions described in subsections (c)(1), (c)(2), under which institution of the payment and penalty the provider has experienced an emergency which A)
- clerical) which have precluded payments, or which have Department system errors (either automated system or caused erroneous payments such that the provider's ability to provide further services to clients is severely impaired:
- cash flow problems encountered by a provider which are unrelated to Department technical system problems and facility, adversely impacting on its ability to serve which result in extensive financial problems to a ts clients, 11)
- the provider serves a significant number of clients under the medical assistance program. "Significant" in this instance means: B)
- a hospital that serves a significant number of clients under the medical assistance program: significant in this instance means that the hospital qualifies as a as a Medicare DSH hospital under the current federal disproportionate share hospital under 89 Ill. Adm. Code 148.120(a) guidelines 1
- a government-owned facility, which meets the cash flow criterion under subsection (h)(1)(A)(ii) above. 11)

(continued) Section 140.80(h)(1)(B)

- a hospital which has filed for Chapter 11 bankruptcy. which meets the cash flow criteria under subsection (h)(l)(A)(ii) above. 111)
- A deferral of assessment payments must include a Cash Position Statement which is based upon parties must not be reported as current liabilities on the date which is less than sixty (60) days prior to the date defined under subsection (h)(3)(A) below, and the request current assets, current liabilities and other data for a of filing. Any liabilities payable to owners or related will be denied if any of the following criteria are met: the provider must file a delay of payment request as Cash Position Statement, d
- the ratio of current assets divided by current liabilities is greater than 2.0. ij
- equal or exceed the total of accrued wages payable and are unavailable for expenditure for current operations cash, short term investments and long term investments due to donor restrictions or contractual requirements the assessment payment. Long term investments which will not be used in this calculation. ii)
- the provider must show evidence of denial of an application to borrow provider participation fee funds through a cash commercial bank, The denial must be 90 days old or less. flow bond pool or financial institutions such as a 0
- which specifies the terms and conditions of the delayed the provider must sign an agreement with the Department payment provisions. The agreement shall contain the following provisions: E C
- specific reason(s) for institution of the delayed payment provisions; ij
- specific dates on which payments must be received and the amount of payment which must be received on each specific date described; ii)
- described in subsection (h)(5) below that shall be due from the provider as a result of institution of the iii) the interest or a statement of interest waiver as delayed payment provisions;

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.80(h)(1)(E)(iv) (continued)

- responsibility for repaying the debt to the Department liability and any agreement selling the entity will a certification stating that, should the entity be include provisions that the new owners will assume sold, the new owners will be made aware of the according to the original agreement; and iv)
- a certification stating that all information submitted to the Department in support of the delayed payment request is true and accurate to the best of the signator's knowledge. 7
- such other terms and conditions that may be required by the Department, vi)
- A hospital which does not meet the above criteria may request a schedule and/or waiver of interest and penalties is approved. upon a sufficient showing of financial difficulties and good cause by the hospital, If the request for a delayed payment notwithstanding the hospital not meeting the above criteria, delayed payment schedule and/or the waiver of interest and all other conditions of this subsection (h) shall apply. penalties, The Director may approve the request, 2)

Approval Process. 3)

information before they are considered to have met the time year must be received on or before March 5 of the year; and delayed payment requests for installments due on June 30 of provisions, providers must submit their request in writing (telefax requests are acceptable) to the Bureau of Program as follows: delayed payment requests for installments due the year must be received on or before June 4 of the year, and Reimbursement Analysis. The request must be received on September 30 of the year must be received on or before payment requests for installments due on March 31 of the requirements for filing a delayed request, All telefax September 15 of the year; delayed payment requests for received on or before December 10 of the year; delayed In order to receive consideration for delayed payment installments due on December 31 of the year must be Requests must be complete and contain all required requests must be followed up with original written requests, postmarked no later than the date of the The request must include: celefax. A)

6

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.80(h)(3)(A) (continued)

- an explanation of the circumstances creating the need for the delayed payment provisions; 1.
- supportive documentation to substantiate the emergency assessment as defined in subsection (h)(1)(0) of this Section and an explanation of the risk of irreparable statement as defined in subsection (h)(l)(C) of this nature of the request including a cash position Section, a denial of application to borrow the harm to the clients; and 11
- specification of the specific arrangements requested by the provider. iii)
- shall be issued to the provider for all approved requests. chief executive officer or other authorized representative The agreement must be signed by the administrator, owner, institution of delayed payment provisions. An agreement The hospital shall be notified by the Department, in Department's decision with regard to the request for and be received by the Department prior to the first scheduled payment date listed in such agreement. writing prior to the assessment due date, of the B)
- the subject guarter unless the provider fails to meet all of the (f)(1) and (f)(2) of this Section may be waived upon approval of of delayed payment provisions is approved and the Department has (h)(3)(B) above, such penalties shall be permanently waived for provisions. In the event a provider's request for institution agreement, the agreement shall be considered null and void and provider fails to meet all of the terms and conditions of the Waiver of Penalties. The penalties described in subsections received the signed agreement in accordance with subsection the provider's request for institution of delayed payment terms and conditions of the agreement, In the event the such penalties shall be fully reinstated. 4)
- The delayed payments shall include interest at a rate above. Any such waivers granted shall be expressly identified described in subsection (h)(1)(C) above is 1.5 or less and the applicable interest rate shall be identified in the agreement described in subsection (h)(1)(E) above. The interest may be hospital meets the criteria in subsections (h)(1)(A) and (B) waived by the Director if the facility's current ratio, as in the agreement described in subsection (h)(1)(E) above. not to exceed the State of Illinois borrowing rate. The Interest.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.80(h) (continued)

- have been satisfied or unless the provider is in full compliance waiver of penalties described in subsection (h)(4) above shall subsequent delayed payment arrangements until such time as the terms and conditions of any current delayed payment agreement Subsequent Delayed Payment Arrangements. Once a provider has not apply to a provider that has not satisfied the terms and with the terms of the current delayed payment agreement. arrangements, the provider shall not receive approval for conditions of any current delayed payment agreement. requested and received approval for delayed payment (9
- Administration and Enforcement Provisions $\vec{\Gamma}$

the assessments, interest, and penalty assessments imposed under the generally and, as it deems appropriate, in a manner similar to that the Department shall administer and enforce P.A. 86-861 and collect Pursuant to Section 5A-7 of P.A. 86-861, to the extent practicable, law, using procedures employed in its administration of this Code retailers' occupation tax under the Retailers' Occupation Tax Act in which the Department of Revenue administers and collects the

Exemptions 7

- assessment imposed by subsection (b) above, unless the exemption than 3,000,000 that makes intergovernmental transfer payments as provided in Section 15-3 of P.A. 87-861 shall be exempt from the A hospital provider which is a county with a population of more subsection (b) above for all assessment periods beginning on or is adjudged to be unconstitutional or otherwise invalid, in which case the hospital shall pay the assessment imposed by creditable against the intergovernmental transfer payments, after July 1, 1992, and the assessment so paid shall be 1
- June 30, 1993) will be effective on July 1, 1992 and shall apply assessments imposed by subsection (b) above. For the purpose of assessments imposed by subsection (b) above, the sole community Code 149.125(b) as in effect on July 1, 1992, whether public or shall be exempt from the assessments imposed by subsection (b) or otherwise invalid, in which case the provider shall pay the A sole community hospital provider, as defined in 89 Ill. Adm. above unless this exemption is adjudged to be unconstitutional hospital provider designation for EX 93 (July 1, 1992 through private and whether organized for profit or not-for-profit, determining those hospitals that shall be exempt from the to the period of July 1, 1992 through June 30, 1993. 2

Section 140.80 (continued)

k) Definitions.

As used in this Section, unless the context reguires otherwise:

- Adjusted gross hospital revenue must be reported on an accrual basis for the tax reporting period. All patient revenue derived or related to patient care, less contractual allowances, contractual allowance or discount related thereto) from skilled related to patient care, such as, investment income, gift shop, Patient revenue must be reported on a basis that is consistent "Adjusted gross hospital revenue" means the hospital's revenue though reimbursement may occur after the tax reporting period. with methods used on the hospital's last two (2) cost reports. cafeteria, or parking lot revenue is not considered as patient accrued during the tax reporting period must be included even bad debts, charity care, and discounts on patients' accounts. or intermediate long-term care services within the meaning of but does not include patient revenue (and the portion of any Title XVIII or XIX of the Social Security Act. Revenue not
- "Contractual Allowance" means the difference between charges at established rates and the amount estimated to be paid by third party payors or patients, as appropriate, pursuant to agreements/contracts with the hospital; courtesy and policy discounts provided to employees, medical staff and clergy; and charity care, but "contractual allowance" does not mean deductions if applicable to the skilled nursing facility or intermediate care facility revenue, or any Provider Participation fees/taxes paid to the Illinois Department of Public Aid.
- 3) "Department" means the Illinois Department of Public Aid.
- 4) "Fund" means the Hospital Provider Fund,
- "Hospital" means an institution, place, building, or agency located in this State that is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act, whether public or private and whether organized for profit or not-for-profit.
- "Hospital provider" means a person licensed by the Department of Public Health to conduct, operate, or maintain a hospital, regardless of whether the person is a Medicaid provider. For purposes of this definition, "person" means any political subdivision of the State, municipal corporation, individual,

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.80(k)(6) (continued)

firm, partnership, corporation, company, limited liability company, association, joint stock association, or trust, or a receiver, executor, trustee, guardian, or other representative appointed by order of any court.

- "Intergovernmental transfer payment" means the payments established under Section 15-3 of P.A. 97-861, and includes without limitation payments payable under that Section for July, August and September of 1992,
- "Sole community hospital provider" means a Medicaid Sole Community Provider as defined in 89 111. Adm. Code 149,125(b) whether public or private and whether organized for profit or not-for-profit.

(Source: Added at 17 Ill. Reg. 3421_, effective February 19, 1993)

Section 140,82 Developmentally Disabled Care Provider Fund

Purpose and Contents

(2)

- 1) The Developmentally Disabled Care Provider Fund was created in the State Treasury upon enactment of Public Act 87-861.

 Interest earned by the Fund shall be credited to the Fund, The Fund shall not be used to replace any funds appropriated to the Medicaid program by the General Assembly.
- 2) The Fund is created for the purpose of receiving and disbursing monies in accordance with this Section and Public Act 87-861.
- 3) The Fund shall consist of:
- All monies collected or received by the <u>Department under</u> subsections (b) below;
- B) All federal matching funds received by the Department as a result of expenditures made by the Department that are attributable to monies deposited in the Fund;
- C) Any interest or penalty levied in conjunction with the administration of the Fund; and
- D) All other monies received for the Fund from any other source, including interest earned thereon.

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.82(a)(3) (continued)

- E) All monies transferred from the Medicaid Developmentally Disabled Provider Participation Fee Trust Fund.
- b) Provider Assessments

Beginning on July 1, 1992, an assessment is imposed upon each developmentally disabled care provider for the State fiscal year beginning on July 1, 1992, and ending on June 30, 1993, in an amount equal to 13% of its adjusted gross developmentally disabled care revenue for the prior State fiscal year. Adjusted gross developmentally disabled care provider's annualized FY'92 revenue reported on the Developmentally Disabled Care Provider Tax form to be filed by a date designated by the Department. The Department reserves the right to audit the reported data.

- c) Payment of Assessment Due
- 1) The assessment described in subsection (b) above shall be due and payable in quarterly installments, each equalling one-fourth of the assessment for the year, on September 30, December 31, March 31, and June 30 of the year. Assessment payments postmarked on the due date will be considered paid on time.

4)

- All payments received by the Department shall be credited first to unpaid installment amounts (rather than to penalty or interest), beginning with the most delinguent installments.
- d) Reporting Requirements, Penalty, and Maintenance of Records
- provider existing as a corporation or legal entity other than an developmentally disabled care revenue from the State fiscal year just ended and shall be utilized by the Department to calculate developmentally disabled care provider subject to an assessment preceding July 1. If a developmentally disabled care provider operates or maintains more than one developmentally disabled the assessment for the State fiscal year commencing on the Department. The report shall be on a form prepared by the facility. In the case of a developmentally disabled care individual, the report filed by it shall be signed by its After June 30 of each State fiscal year, and on or before care facility, a separate report shall be filed for each Department. The report shall include the adjusted gross under subsection (b) above shall file a report with the September 30 of the succeeding State fiscal year, every a

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.82(d)(1) (continued)

president, vice-president, secretary, or treasurer or by its properly authorized agent.

- If the developmentally disabled care provider fails to file its report for a State fiscal year on or before the due date of the report, there shall, unless waived by the Department for reasonable cause, be added to the assessment imposed in subsection (b) above a penalty assessment equal to 25% of the assessment imposed for the year.
- 3) Every developmentally disabled care provider subject to an assessment under subsection (b) above shall keep records and books that will permit the determiniation of adjusted gross developmentally disabled care revenue on a State fiscal year basis. All such books and records shall be maintained for a minimum of three (3) years following the filling date of the assessment report and shall, at all times during business hours of the day, be subject to inspection by the Department or its duly authorized agents and employees.
- Amended Assessment Reports. With the exception of amended assessment reports filed in accordance with subsections (d)(5) or (6) below, an amended assessment report must be filed within 30 calendar days of the original report due date. The amended report must be accompanied by a letter identifying the changes and the justification for the amended report. The provider will amount through a written notification from the Original annual assessment Penalties may be applied to the amount underpaid due to a filing error.
- Submission of Financial Audit Statements, All developmentally disabled care providers are required to submit a copy of all financial statements audited by an external, independent auditox to the Department within thirty (30) days of the close of such externally performed financial audits. If the provider's year end does not coincide with the June 30th ending date for the tax report, the provider must submit all financial audits covering such external financial and submitted on the initial tax report changes based upon the findings of such external financial audits and as indicated in the audited external financial audits and as indicated in the audited external financial statements. Penalties may be applied to the amount underpaid due to a filling error.

WOTICE OF ADOPTED AMENDMENTS

Section 140.82(d) (continued)

- Reconsideration of Adjusted Tax. If the Department, through an audit conducted by the Department or its agent, changes the tax liability of a developmentally disabled care provider, the developmentally disabled care provider may request a review or reconsideration of the adjusted tax within thirty (30) days of the Department's notification of the change in tax liability. Requests for reconsideration of the tax adjustment shall not be considered if such requests are not postmarked on or before the end of the thirty (30) day review period. Penalties may be applied to the amount underpaid due to a filing error.
- e) Procedure for Partial Year Reporting/Operating Adjustments
- Lessation of business during the fiscal year in which the tax is being paid. A developmentally disabled care provider who ceases to conduct, operate, or maintain a facility in respect for which the person is subject to assessment under subsection (b) above, the assessment for the Carate fiscal year in which the cessation occurs shall be adjusted by multiplying the assessment computed under subsection (d) above by a fraction, the numerator of which is the number of days in the year during which the provider conducts, operates, or maintains the facility and the denominator of which is 365. The person shall file a final, amended report with the Department not more than 90 calendar days after the cessation, reflecting the adjustment and shall pay with the final report the assessment for the year as so adjusted, to the extent not previously paid.
- above, shall file an initial return for the State fiscal year in which the commencement occurs within 90 calendar days thereafter computed by the Department in equal installments on the due date installment due dates for the State fiscal year occurring after Commencing of business during the fiscal year in which the tax which the person is subject to assessment under subsection (b) determining the annual assessment amount for the provider the projections based upon geographic location, facility size and commences conducting, operating, or maintaining a facility of A developmentally disabled care provider who patient case mix. The assessment determination made by the and shall pay the assessment under subsection (d) above as of the initial assessment determination and on the regular the due date of the initial assessment determination. In Department shall develop hypothetical annualized revenue Department is final. is being paid. 7

HLLIWOIS PEGISTEP

3466

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.82(e) (continued)

Partial Fiscal Year Operation Adjustment. A developmentally disabled care provider that did not conduct, operate, or maintain a facility throughout the entire fiscal year reporting period, the assessment for the following State fiscal year shall be annualized based on the provider's actual developmentally disabled care revenue for the portion of the reporting period the facility was operational (dividing adjusted developmentally operation and then multiplying that amount by 365). Developmentally disabled care revenue facility displayed care revenue revenue realized by a prior provider from the same facility during the fiscal year shall be used in the annualization equation, if available.

f) Penalties

- Many facility that fails to pay the full amount of an installment when due shall be charged, unless waived by the Department for reasonable cause, a penalty equal to 5% of the amount of the installment not paid on or before the due date, plus 5% of the portion thereof remaining unpaid on the last day of each month thereafter, not to exceed 100% of the installment amount not paid on or before the due date.
- participating in the Medicaid Program. Payments may be withheld this recoupment in accordance with Department rules contained in agreement cannot be reached, or if the facility fails to comply from the facility until the entire provider fee, including any with an agreement the Department reserves the right to recover during the recoupment process. Recoupment proceedings against Within forty-five (45) days from the due date, the Department 89 Illinois Admin, Code 104, The Department has the right to recouping the amount or a portion thereof from the provider's the same facility two times in a fiscal year may be cause for future payments from the Department. The provider may appeal any outstanding provider assessment, interest and penalty by pursuant to subsection (f)(1) above will continue to accrue continue recoupment during the appeal process. Penalties may begin recovery actions against delinguent facilities penalties, is satisfied, or until a reasonable repayment schedule has been approved by the Department, termination from the Program. 7
- 3) If the facility does not participate in the Medicaid Program, or is no longer doing business with the Department, or the Department cannot recover the full amount due through the claims processing system, within three months of the see due date, the

NOTICE OF ADOPTED AMENDMENTS

Section 140.82(g)(3) (continued)

Department may begin legal action to recover the monies, including penalties and interest owed, plus court costs.

Delayed Payment - Groups of Facilities. 6

The Director may establish delayed payment of fees and/or waive the payment of interest and penalties for groups of facilities when;

- the State delays payments to facilities due to problems related to state cash flow, or 1
- requests from providers for loans are in excess of its scheduled proceeds such that a significant number of facilities will be a cash flow bond pool's or any other group financing plans' unable to obtain a loan to pay the fee. 2)

Delayed Payment - Individual Facilities 'n

In addition to the provisions of subsection (g) above, the Director assessment was to have been received by the Department as described delayed payment arrangements shall extend beyond the last business timely payments under this Section due to financial difficulties. may delay fees for individual facilities that are unable to make day of the calendar guarter following the guarter in which the in subsection (c) above.

- under extraordinary circumstances. Delayed payment provisions shall be made only to qualified facilities who meet all of the Criteria. Delayed payment provisions may be instituted only following requirements:
- (f)(2) and (f)(3) above would impose severe and irreparable harm to the clients served. Circumstances which may create provisions described in subsections (c)(1), (c)(2), (f)(1), Emergency in this instance is defined as a circumstance necessitates institution of delayed payment provisions. such emergencies include, but are not limited to, the under which institution of the payment and penalty the facility has experienced an emergency which following:
- clerical) which have precluded payments, or which have Department system errors (either automated system or caused erroneous payments such that the facility's ability to provide further services to clients is severely impaired;

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.82(h)(1)(A) (continued)

- cash flow problems encountered by a facility which are unrelated to Department technical system problems and facility adversely impacting on its ability to serve which result in extensive financial problems to a its clients. 11)
- the facility serves a significant number of clients under the Medical Assistance Program, Significant in this instance means: B)
- 85 percent or more of their residents must be eligible for public assistance; 1)
- a government-owned facility, which meets the cash flow criteria under subsection (h)(l)(A)(ii). 11)
 - which meets the cash flow criterion under subsection a provider who has filed for Chapter 11 bankruptcy, (h)(1)(A)(ii) above. iii)
- A deferral of assessment payments parties must not be reported as current liabilities on the defined in subsection (h)(3)(A) below, and the regest must date which is less than sixty (60) days prior to the date current assets, current liabilities and other data for a of filing. Any liabilities payable to owners or related will be denied if any of the following criteria are met: include a Cash Position Statement which is based upon the facility must file a delay of payment request as Cash Position Statement. 0
- the ratio of current assets divided by current liabilities is greater than 2,0; Ţ.
- equal or exceed the total of accrued wages payable and cash, short term investments and long term investments are unavailable for expenditure for current operations due to donor restrictions or contractual reguirements the assessment payment, Long term investments which will not be used in this calculation; 11)
- for dividends, salaries in excess of those allowable cash or other assets has been distributed during the previous 90 days to owners or related parties in an amount equal to or exceeding the assessment payment under Section 140,541 or payments for purchase of 1111)

goods or services in excess of cost as defined in Section 140.537.

- facilities, must show evidence of denial of an application pool or financial institutions such as a commercial bank. to borrow the assessment funds through a cash flow bond the facility, with the exception of government owned The denial must be 90 days old or less. a
- which specifies the terms and conditions of the delayed the facility must sign an agreement with the Department payment provisions. The agreement shall contain the following provisions: (E)
- specific reason(s) for institution of the delayed payment provisions; ij
- specific dates on which payments must be received and the amount of payment which must be received on each specific date described; 11)
- described in subsection (h)(5) below that shall be due from the facility as a result of institution of the iii) the interest or a statement of interest waiver as delayed payment provisions;
- responsibility for repaying the debt to the Department liability and any agreement selling the entity will a certification stating that, should the entity be include provisions that the new owners will assume sold, the new owners will be made aware of the according to the original agreement; iv)
- a certification stating that all information submitted to the Department in support of the delayed payment request is true and accurate to the best of the signator's knowledge; and 7
- such other terms and conditions that may be required by the Department. vi)
- A facility which does not meet the above criteria may request a upon a sufficient showing of financial difficulties and good notwithstanding the facility not meeting the above criteria, delayed payment schedule and/or the waiver of interest and penalties. The Director may approve the request, 77

TELLINGIS PEGISTEP

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.82(b)(2) (continued)

schedule and/or waiver of interest and penalties is approved, cause by the facility. If the request for a delayed payment all other conditions of this subsection (h) shall apply

Approval Process 3)

- provisions, facilities must submit their request in writing year must be received on or before March 5 of the year; and information before they are considered to have met the time delayed payment requests for installments due on June 30 of (telefax requests are acceptable) to the Bureau of Program as follows: delayed payment requests for installments due the year must be received on or before June 4 of the year, telefax requests must be followed up with original written requests postmarked no later than the date of the telefax. on September 30 of the year must be received on or before and Reimbursement Analysis. The request must be received payment requests for installments due on March 31 of the September 15 of the year; delayed payment requests for received on or before December 10 of the year; delayed In order to receive consideration for delayed payment installments due on December 31 of the year must be requirements for filing a delayed payment request, Requests must be complete and contain all required The request must include: A)
- an explanation of the circumstances creating the need for the delayed payment provisions;

j.

- supportive documentation to substantiate the emergency nature of the request and risk of irreparable harm to the clients; and 11)
- specification of the specific arrangements requested by the facility. iii)
- The agreement must be signed by the administrator, owner or Department prior to the first scheduled payment date listed shall be issued to the facility for all approved requests. institution of delayed payment provisions. An agreement other authorized representative and be received by the Department's decision with regard to the request for The facility shall be notified by the Department, in writing prior to the assessment due date, of the in such agreement. B)

NOTICE OF ADOPTED AMENDMENTS

Section 140.82(h) (continued)

- (f)(1) and (f)(2) of this Section may be waived upon approval of of delayed payment provisions is approved and the Department has the subject quarter unless the facility fails to meet all of the (h)(3)(B) above, such penalties shall be permanently waived for In the event a facility's request for institution agreement, the agreement shall be considered null and void and facility fails to meet all of the terms and conditions of the Waiver of Penalties. The penalties described in subsections received the signed agreement in accordance with subsection the facility's request for institution of delayed payment terms and conditions of the agreement. In the event the such penalities shall be fully reinstated, 4)
- Interest. The delayed payments shall include interest at a rate described in subsection (h)(l)(C) above is 1.5 or less and the above. Any such waivers granted shall be expressly identified applicable interest rate shall be identified in the agreement described in subsection (h)(l)(E) above. The interest may be facility meets the criteria in subsections (h)(1)(A) and (B) waived by the Director if the facility's current ratio, as in the agreement described in subsection (h)(l)(E) above. not to exceed the State of Illinois borrowing rate. The 2
- have been satisfied or unless the provider is in full compliance subsequent delayed payment arrangements until such time as the waiver of penalties described in subsection (h)(4) above shall Once a facility has terms and conditions of any current delayed payment agreement not apply to a facility that has not satisfied the terms and with the terms of the current delay of payment agreement. arrangements, the facility shall not receive approval for conditions of any current delayed payment agreement. requested and received approval for delayed payment Subsequent Delayed Payment Arrangements. (9

Administration; enforcement provisions

the assessments, interest, and penalty assessments imposed under the the Department shall administer and enforce P.A. 86-861 and collect generally and, as it deems appropriate, in a manner similar to that Pursuant to Section 5C-6 of P.A. 86-861, to the extent practicable, law, using procedures employed in its administration of this Code retailers' occupation tax under the Retailers' Occupation Tax Act in which the Department of Revenue administers and collects the

nofinitions

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.82(j) (continued)

- sheltered care revenue. Adjusted gross developmentally disabled "Adjusted gross developmentally disabled care revenue" means the inpatient residential services, less contractual allowances and reporting period must be included even though reimbursement may reported on a basis that is consistent with methods used on the occur after the tax reporting period. Patient revenue must be television and telephone service, rental of facility space, or care revenue must be reported on an accrual basis for the tax All patient revenue accrued during the tax developmentally disabled care provider's total revenue for donations or beguests, investments, day training services, non-patient revenue from sources such as contributions, discounts on patients' accounts, but does not include hospital's last two (2) cost reports. reporting period. 7
- "Contractual Allowance" means the difference between charges at established rates and the amount estimated to be paid by third allowance" does not mean any Provider Participation fees/taxes provider; courtesy and policy discounts provided to employees. medical staff and clergy; and charity care, but "contractual agreements/contracts with the developmentally disabled care party payors or patients, as appropriate, pursuant to paid to the Illinois Department of Public Aid. 2)
- 'Department" means the Illinois Department of Public Aid. 3
- Title XIX of the Social Security Act, whether public or private "Developmentally disabled care facility" means an intermediate and whether organized for profit or not-for- profit, but shall care facility for the mentally retarded within the meaning of not include any facility operated by the State. 4)
- conducting, operating, or maintaining a developmentally disabled means any political guardian or other representative subdivision of the State, municipal corporation, individual, company, association, joint stock association, or trust, or firm, partnership, corporation, company, limited liability "Developmentally disabled care provider" means a person person" For this purpose, appointed by order of any court. executor, care facility. 2
- "Facility" means all intermediate care facilities as defined under "Developmentally disabled care facility" above. 9

NOTICE OF ADOPTED AMENDMENTS

Section 140.82(j) (continued)

"Fund" means the Developmentally Disabled Care Provider Fund. 7

(Source: Added at 17 Ill. Reg. 3421, effective February 19, 1993)

Long Term Care Provider Fund Section 140.84

Purpose and Contents (a)

- by the Fund shall be credited to the Fund. The fund shall not Treasury upon enactment of Public Act 87-861, Interest earned The Long Term Care Provider Fund was created in the State be used to replace any funds appropriated to the Medicaid program by the General Assembly. 7
- The Fund is created for the purpose of receiving and disbursing monies in accordance with this Section and Public Act 87-861, 5)
- The Fund shall consist of: 3
- All monies collected or received by the Department under subsections (b) below; A
- All federal matching funds received by the Department as a result of expenditures made by the Department that are attributable to monies deposited in the Fund; B)
- Any interest or penalty levied in conjunction with the administration of the Fund; d
- All other monies received for the Fund from any other source, including interest earned thereon; and 0
- All monies transferred from the Medicaid Long Term Care Provider Participation Fee Trust Fund.

Provider Assessments p)

occupied bed days reported on the Long-term Care Provider Tax form to year ending before the beginning of that State fiscal year, Occupied bed days will be based upon the long-term care provider's annualized long-term care provider for the State fiscal year beginning on July 1, 1992 and ending on June 30, 1993, in an amount equal to \$6.30 times the number of occupied bed days for the most recent calendar Beginning on July 1, 1992, an assessment is imposed upon each

ILLINOIS PEGISTEP

346,8

, ,

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.84(b) (continued)

be filed by a date designated by the Department, The Department reserves the right to audit the reported data,

Payment of Assessment Due G

- and payable in quarterly installments, each equalling one-fourth postmarked on the due date will be considered as paid on time, The assessment described in subsection (b) above shall be due of the assessment for the year, on September 30, December 31, March 31, and June 30 of the year, Assessment payments 7
- All payments received by the Department shall be credited first interest), beginning with the most delinguent installments. to unpaid installment amounts (rather than to penalty or 5
- County nursing homes directed and maintained pursuant to Section 5-1005 of the Counties Code may meet their assessment obligation county expenditures have been obligated for the operation of the county nursing home in an amount at least equal to the amount of the assessment. County governments wishing to provide such by the county government certifying to the Department that certification must: 3
- federal funds, or are federal funds authorized by federal participation under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), and that these funds are not represent expenditures eligible for federal financial Sign a certification form certifying that the funds law to be used to match other federal funds; A)
- year along with a copy of that portion of the county budget Submit the certification document to the Department once a within 30 days of the final approval of the county budget. The county budget and/or budgets covering the State fiscal showing the funds appropriated for the operation of the county nursing home. These documents must be submitted year of July 1, 1992 through June 30, 1993 must be submitted by a date designated by the Department; B)
- because a certification statement was provided in lieu of twelfth of the annual assessment amount prior to payment Submit the monthly claim form in the amount of the rate liability amount. This amount will be reduced by one established by the Department minus any third party an actual assessment payment; and d

NOTICE OF ADOPTED AMENDMENTS

- Services pertaining to the certification of county funds. and/or the United States Department of Health and Human Make records available upon request to the Department 0
- Reporting Requirements, Penalty, and Maintenance of Records ą
- After December 31 of each year, and on or before March 31 of the Department to calculate the assessment for the State fiscal year entity other than an individual, the report filed by it shall be signed by its president, vice-president, secretary, or treasurer Department. The report shall include the occupied bed days for assessment under subsection (b) above shall file a report with the Department. The report shall be on a form prepared by the commencing on the next July 1, except that the report for the State fiscal year commencing July 1, 1992, inleuding occupied If a long-term care provider operates or succeeding year, every long-term care provider subject to an bed days for calendar year 1991 shall be filed on or before maintains more than one long-term care facility, a separate long-term care provider existing as a corporation or legal report shall be filed for each facility. In the case of a the calendar year just ended and shall be utilized by the or by its properly authorized agent. September 30, 1992. 4
- State fiscal year on or before the due date of the report, there , unless waived by the Department for reasonable cause, be penalty assessment equal to 25% of the assessment imposed for If the long-term care provider fails to file its report for added to the assessment imposed in subsection (b) above a shall 2
- permit the determination of occupied bed days on a calendar year assessment report and shall, at all times during business hours of the day, be subject to inspection by the Department or its basis. All such books and records shall be maintained for a Every long-term care provider subject to an assessment under minimum of three (3) years following the filing date of the subsection (b) above shall keep records and books that will duly authorized agents and employees. H
- or (6) below, an amended assessment report must be filed within 30 calendar days of the original report due date. The amended report must be accompanied by a letter identifying the changes assessment reports filed in accordance with subsections (d)(5) Amended Assessment Reports, With the exception of amended 4)

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.84(d)(4) (continued)

Penalties may be applied to the amount underpaid due to a filing and the justification for the amended report. The provider will be advised of any adjustments to the original annual assessment amount through a written notification from the Department.

- end does not coincide with the December 31st ending date for the findings of such external financial audits and as indicated in externally performed (inancial audits, If the provider's year accompany such external financial audit statements if the data All long term care statements audited by an external, independent auditor to the the audited external financial statements. Fenalties may be covering the tax report period. An amended tax report must submitted on the initial tax report changes based upon the tax report, the provider must submit all financial audits providers are required to submit a copy of all financial Department within thirty (30) days of the close of such applied to the amount underpaid due to a filing error. Submission of Financial Audit Statements. 2
- provider may request a review or reconsideration of the adjusted review pariod. Penalties may be applied to the amount underpaid Reconsideration of Adjusted Tax, If the Department, through an audit conducted by the Department or its agent, changes the tax tax within thirty (30) days of the Department's notification of the tax adjustment shall not be considered if such requests are Requests for reconsideration of liability of a long term care provider, the long term care not postmarked on or before the end of the thirty (30) day the change in tax liability. due to a filing error. 9

Procedure for Partial Year Reporting/Operating Adjustments e

d

Cessation of business during the fiscal year in which the tax is under subsection (d) above by a fraction, the numerator of which operate, or maintain a facility in respect for which the person occurs shall be adjusted by multiplying the assessment computed being paid, A long term care provider who ceases to conduct, days after the cessolion, reflecting the adjustment and shall amended report with the Department not more than 90 calendar denominator of which is 305. The gerson shall file a final. assessment for the State fiscal year in which the cessation is the number of days in the year during which the provider is subject to assessment under subsection (b) above, the conducts, operates, or maintains the facility and the

NOTICE OF ADOPTED AMENDMENTS

Section 140.84(e)(1) (continued)

pay with the final report the assessment for the year as so adjusted, to the extent not previously paid.

- due dates for the State fiscal year occurring after the due date shall file an initial report for the State fiscal year in which shall pay the assessment under subsection (d) above as computed initial assessment determination and on the regular installment Commencing of business during the fiscal year in which the tax conducting, operating, or maintaining a facility for which the the commencement occurs within 90 calendar days thereafter and by the Department in equal installments on the due date of the develop hypothetical annualized revenue projections based upon annual assessment amount for the provider the Department shall of the initial assessment determination. In determining the person is subject to assessment under subsection (b) above. assessment determination made by the Department is final. geographic location, facility size and patient case mix. is being paid. A long term care provider who commences 2)
- a prior provider from the same facility during the calendar year annualized based on the provider's actual occupied bed days for the portion of the reporting period the long term care facility multiplying that figure by 365). Occupied bed days realized by provider that did not conduct, operate, or maintain a facility Partial Calendar Year Operation Adjustment. A long term care was operational (dividing adjusted occupied bed days by the shall be used in the annualization equation, if available. throughout the entire calendar year reporting period, the assessment for the following State fiscal year shall be number of days the facility was in operation and then a

Penalties d

- Any long-term care provider that fails to pay the full amount of plus 5% of the portion thereof remaining unpaid on the last day of each month thereafter, not to exceed 100% of the installment an installment when due shall be charged, unless waived by the Department for reasonable cause, a penalty equal to 5% of the amount of the installment not paid on or before the due date. amount not paid on or before the due date. 7
- providers participating in the Medicaid Program. Payments may Within forty-five (45) days from the due date, the Department may begin recovery actions against delinguent long-term care be withheld from the provider until the entire provider fee. 7

ILLINOIS REGISTER.

3472

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.84(f)(2) (continued)

to comply with an agreement the Department reserves the right to rules contained in 89 Illinois Admin, Code 104, The Department has the right to continue recompment during the appeal process. reasonable agreement cannot be reached, or if a provider fails Penalties pursuant to subsection (f)(1) above will continue to against the same long-term care provider two times in a fiscal repayment schedule has been approved by the Department. If a penalty by recouping the amount or a portion thereof from the provider's future payments from the Department, The provider accrue during the recoupment process. Recoupment proceedings may appeal this recoupment in accordance with the Department including any penalties, is satisfied or until a reasonable recover any outstanding provider assessment, interest and year may be cause for termination from the Program.

Department, or the Department cannot recover the full amount due through the claims processing system, within three months of the fee due date, the Department may begin legal action to recover the monies, including penalties and interest owed, plus court If the long-term care provider does not participate in the Medicaid Program, or is no longer doing business with the costs. a

Delayed Payment - Groups of Facilities d

The Director may establish delayed payment of fees and/or waive the payment of interest and penalties for groups of facilities when:

- the State delays payments to facilities due to problems related to state cash flow, or 4
- requests from providers for loans are in excess of its scheduled proceeds such that a significant number of facilities will be a cash flow bond pool's or any other group financing plans' unable to obtain a loan to pay the fee. 27

Delayed Payment - Individual Facilities h)

assessment was to have been received by the Department as described in addition to the provisions of subsection (g) above, the Director delayed payment arrangements shall extend beyond the last business timely payments under this Section due to financial difficulties. may delay fees for individual facilities that are unable to make day of the calendar quarter following the quarter in which the in subsection (c) above.

Section 140.84(h)(1) (continued)

- under extraordinary circumstances. Delayed payment provisions shall be made only to qualified facilities who meet all of the Criteria. Delayed payment provisions may be instituted only following requirements: 7
- (f)(2) and (f)(3) above would impose severe and irreparable harm to the clients served. Circumstances which may create provisions described in subsections (c)(1), (c)(2), (f)(1), Emergency in this instance is defined as a circumstance necessitates institution of delayed payment provisions. such emergencies include, but are not limited to, the under which institution of the payment and penalty the facility has experienced an emergency which following: A)
- clerical) which have precluded payments, or which have Department system errors (either automated system or caused erroneous payments such that the facility's ability to provide further services to clients is severely impaired: ij
- cash flow problems encountered by a facility which are unrelated to Department technical system problems and facility adversely impacting on its ability to serve which result in extensive financial problems to a its clients. H
- the facility serves a significant number of clients under the Medical Assistance Program. Significant in this instance means: B
- 85 percent or more of their residents must be eligible for public assistance; 4
- a government-owned facility, which meets the cash flow criterion under subsection (h)(1)(A)(ii) above. 1
- a provider who has filed for Chapter 11 bankruptcy. which meets cash flow criteria under subsection (h)(1)(A)(ii) above. 1111
- must include a Cash Position Statement which is based upon current assets, current liabilities and other data for a defined under subsection (h)(3)(A) below and the request the facility must file a delay of payment request as d

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.84(h)(1)(C) (continued)

Cash Position Statement. A deferral of assessment payments parties must not be reported as current liabilities on the date which is less than sixty (60) days prior to the date of filing. Any liabilities payable to owners or related will be denied if any of the following criteria are met:

- the ratio of current assets divided by current liabilities is greater than 2,0; 4
- equal or exceed the total of accrued wages payable and are unavailable for expenditure for current operations cash, short term investments and long term investments due to donor restrictions or contractual requirements the assessment payment. Long term investments which will not be used in this calculation; 11
- for dividends, salaries in excess of those allowable cash or other assets has been distributed during the previous 90 days to owners or related parties in an amount equal to or exceeding the assessment payment under Section 140.541 or payments for purchase of goods or services in excess of cost as defined in Section 140,537, iii)
- to borrow assessment funds through a cash flow bond pool or facilities, must show evidence of denial of an application the facility, with the exception of government owned financial institutions such as a commercial bank. denial must be 90 days old or less. <u>a</u>
- which specifies the terms and conditions of the delayed the facility must sign an agreement with the Department payment provisions. The agreement shall contain the following provisions: E
- specific reason(s) for institution of the delayed payment provisions;
- specific dates on which payments must be received and the amount of payment which must be received on each specific date described; H
- described in subsection (h)(5) below that shall be due from the (acility as a result of institution of the iii) the interest or a statement of interest waiver as delayed payment provisions;

NOTICE OF ADOPTED AMENDMENTS

Section 140.84(h)(1)(E) (continued)

- iv) a certification stating that, should the entity be sold, the new owners will be made aware of the liability and any agreement selling the entity will include provisions that the new owners will assume responsibility for repaying the debt to the Department according to the original agreement.
- v) a certification stating that all information submitted to the Department in support of the delayed payment request is true and accurate to the best of the signator's knowledge; and
- vi) such other terms and conditions that may be required by the Department.
- delayed payment schedule and/or the above criteria may request a delayed payment schedule and/or the waiver of interest and penalties. The Director may approve the request, notwithstanding the facility not meeting the above criteria, upon a sufficient showing of financial difficulties and good cause by the facility. If the request for a delayed payment schedule and/or waiver of interest and penalties is approved all other conditions of this subsection (h) shall apply.

31 Approval Process

provisions, facilities must submit their request in writing information before they are considered to have met the time delayed payment requests for installments due on June 30 of year must be received on or before March 5 of the year; and telefax requests must be followed up with original written (telefar requests are acceptable) to the Bureau of Program as follows: delayed payment requests for installments due the year must be received on or before June 4 of the year. on September 30 of the year must be received on or before and Reimbursement Analysis. The request must be received payment requests for installments due on March 31 of the requests by certified mail postmarked no later than the requirements for filing a delayed payment request. All September 15 of the year; delayed payment requests for received on or before December 10 of the year; delayed In order to receive consideration for delayed payment installments due on December 31 of the year must be Requests must be complete and contain all required date of the telefax. The request must include: A

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.84(h)(3)(A) (continued)

- i) an explanation of the circumstances creating the need for the delayed payment provisions:
- ii) supportive documentation to substantiate the emergency nature of the request including a cash position statement as defined in subsection (h)(1)(C) above; a denial of application to borrow the assessment as defined in subsection (h)(1)(D) above and an explanation risk of irreparable harm to the clients; and
- iii) specification of the specific arrangements requested by the facility.
- Mriting prior to the assessment due date, of the veriting prior to the assessment due date, of the Department's decision with regard to the request for institution of delayed payment provisions. An agreement shall be issued to the facility for all approved requests. The agreement must be signed by the administrator, owner or other authorized representative and be received by the Department prior to the first scheduled payment date listed in such agreement.
- Haiver of Penalties. The penalties described in subsections (f)(1) and (f)(2) above may be waived upon approval of the facility's request for institution of delayed payment provisions. In the event a facility's request for institution of delayed payment provisions is approved and the Department has received the signed agreement in accordance with subsection (h)(1)(B) above, such penalties shall be permanently waived for the subject quarter unless the facility fails to meet all of the terms and conditions of the agreement. In the event the facility fails to meet all of the agreement, the agreement shall be considered null and void and such penalties shall be fully reinstated.
- Interest. The delayed payments shall include interest at a rate not to exceed the State of Illinois borrowing rate. The applicable interest rate shall be identified in the agreement described in subsection (h)(1)(E) above. The interest may be waived by the Director if the facility's current ratio, as described in subsection (h)(1)(C) above is 1,5 or less and the facility meets the criteria in (h)(1)(A) and (B). Any such waivers granted shall be expressly identified in the agreement described in subsection (h)(1)(E) above.

NOTICE OF ADOPTED AMENDMENTS

Section 140.84(h) (continued)

- have been satisfied or unless the provider is in full compliance subsequent delayed payment arrangements until such time as the with the terms of the current delay of payment agreement, The waiver of penalties described in subsection (h)(4) above shall Once a facility has terms and conditions of any current delayed payment agreement not apply to a facility that has not satisfied the terms and arrangements, the facility shall not receive approval for conditions of any current delayed payment agreement. requested and received approval for delayed payment Subsequent Delayed Payment Arrangements. (9
- Administration: enforcement provisions 1.

the assessments, interest, and penalty assessments imposed under the Pursuant to Section 5B-7 of P.A, 87-861, to the extent practicable, the Department shall administer and enforce P.A. 86-861 and collect generally and, as it deems appropriate, in a manner similar to that law, using procedures employed in its administration of this Code retailers' occupation tax under the Retailers' Occupation Tax Act in which the Department of Revenue administers and collects the

Exemptions F.

- A long-term care provider which is a county with a population of periods beginning on or after July 1, 1992, and the assessment assessment imposed by subsection (b) above for all assessment payments as provided in Section 15-3 of P.A. 87-861 shall be exempt from the assessment imposed by subsection (b) above, unless the exemption is adjudged to be unconstitutional or more than 3,000,000 that makes intergovernmental transfer otherwise invalid, in which case the county shall pay the so paid shall be creditable against the intergovernmental transfer payments. 7
- operating a SNE/ICF unit within the hospital that is subject to licensure by the Illinois Department of Public Health under the meaning of Title XVIII or XIX of the Social Security Act, shall be exempt from the assessment imposed by subsection (b) above, 149,125(b)) as in effect on July 1, 1992, whether public or private and whether organized for profit or not-for-profit, Nursing Home Care Act or a hospital provider that provides skilled or intermediate long-term care services within the regulations of the Illinois Department (89 Ill. Adm. Code A sole community hospital provider, as defined in the 2)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.84(j)(2) (continued)

1993) will be effective on July 1, 1992 and shall apply to the , 1992 through June 30, otherwise invalid, in which case the sole community hospital hospital providers that shall be exempt from the assessments imposed by subsection (b) above, the sole community hospital above. For the purpose of determining those sole community provider shall pay the assessment imposed by subsection (b) unless the exemption is adjudged to be unconstitutional or period of July 1, 1992 through June 30, 1993. provider designation for FY'93 (July]

Definitions X

As used in this Section, unless the context requires otherwise:

- "Department" means the Illinois Department of Public Aid. 1
- "Fund" means the Long-Term Care Provider Fund. 2)
- subject to licensure by the Illinois Department of Public Health under the Nursing Home Care Act, including a county nursing home intermediate long-term care services within the meaning of Title intermediate long-term care facility, whether public or private facility operated solely as an intermediate care facility for directed and maintained under Section 5-1005 of the Counties XVIII or XIX of the Social Security Act are provided; except the mentally retarded within the meaning of Title XIX of the that the term "long-term care facility" does not include a and whether organized for profit or not-for-profit, that "Long-term care facility" means (i) a skilled nursing or Code, and (ii) a part of a hospital in which skilled or Social Security Act. 3)
- without limitation payments payable under that Section for July, established under Section 15-3 of P.A. 87-861, and includes "Intergovernmental transfer payment" means the payments August, and September of 1992, 4)
- services within the meaning of Title XVIII or XIX of the Social any political subdivision of the State, municipal corporation, Department of Public Health to operate and maintain a skilled nursing or intermediate long-term care facility or a hospital provider that provides skilled or intermediate long-term care Security Act. For purposes of this paragraph, "person" means individual, firm, partnership, corporation, company, limited liability company, association, joint stock association, or "Long-term care provider" means a person licensed by the 2)

6.3

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.84(k)(5) (continued)

trust, or a receiver, executor, trustee, guardian, or other representative appointed by order of any court. "Hospital provider" means a person licensed by the Department of Public Health to conduct, operate, or maintain a hospital.

- 6) "Occupied bed days" means the sum of all days during the year for which each bed is occupied by a resident (other than a resident receiving care at an intermediate care facility for the mentally retarded within the meaning of Title XIX of the Social Security Act). regardless of whether or not the facility receives payment for the day. Occupied bed days may not be adjusted for bed debt. Occupied bed days may not be holds or shelter care bed days.
- "Sole Community Hospital Provider" means a hospital provider designated as a Medicaid Sole Community Provider as defined in 89 III. Adm. Code 149.125(b) whether public or private and whether organized for profit or not-for-profit.

(Source: Added at 17 Ill. Reg. 3421 , effective February 19, 1993)

Section 140.94 Medic

Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund

a) Purpose and Contents

- Effective June 30, 1992, the provider participation fee methodology created under subsection (b) of this Section terminates in accordance with Public Act 87-861, All other provisions of this Section remain in effect, including but not limited to, subsection (f) of this Section on penalties and subsection (l) of this Section on annual audit and reconciliation.
- 2)1) The Funds were created in the State Treasury upon enactment of Public Act 87-13. Interest earned by the Funds shall be credited to the appropriate Fund. The Funds shall not be used to replace any funds appropriated to the Medicaid program by the General Assembly.
- 3)3) The Funds are created for the purpose of receiving and disbursing monies in accordance with this Section and Public Act 87-13.

4]3} The Funds shall consist of:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.94(a)(4) (continued)

- All monies collected or received by the Department under subsections (b) below;
- B) All federal matching funds received by the Department as a result of expenditures made by the Department that are attributable to monies deposited in the Funds;
- C) Any interest or penalty levied in conjunction with the administration of the Funds; and
- D) All other monies received for the Funds from any other source, including interest earned thereon.

b) Provider Participation Fees

Beginning on July 1, 1991, a fee is imposed upon each facility in an amount equal to 15% of the facility's gross receipts for services provided for the previous State fiscal year as determined and reported by the Department.

c) Payment of Fees Due

- The fees described in subsection (b) above shall be due and payable on a calendar quarterly basis.
- quarterly amounts shall be due on January 1, April 1, July 1 and The fees shall be payable to and collected by the Department in October 1 of each year. All monies collected under subsections operation at a specific point in time, the Department will make described in subsection (d) below on the first business day of the first calendar quarter following the quarter for which the which shall be due within thirty (30) days of the date of the fee is being paid, with the exception of the initial payment appropriate Fund. For facilities which sign an amendment to an adjustment in the fee based on a quarterly average public quarterly amounts due and received by the Department at the address specified on the Provider Participation Fee Notice The subsequent their provider agreement stating they will be terminating (b) and (c) of this Section shall be deposited into the Department's notification of the fee due. assistance occupancy level. 5)
- 3) All payments received by the Department shall be credited first to any interest or penalty, and then to the fee due.

NOTICE OF ADOPTED AMENDMENTS

Section 140.94(c) (continued)

- expenditures have been obligated for the operation of the county County nursing homes directed and maintained pursuant to Section 5-1005 of the Counties Code may meet their fee obligation by the fee. County governments wishing to provide such certification nursing home in an amount at least equal to the amount of the county government certifying to the Department that county 4)
- federal funds, or are federal funds authorized by federal participation under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), and that these funds are not represent expenditures eligible for federal'financial Sign a certification form certifying that the funds law to be used to match other federal funds; A)
- year along with a copy of that portion of the county budget 1991 and December 1, 1991 through November 30, 1992 must be Submit the certification document to the Department once a within 30 days of the final approval of the county budget. covering the periods December 1, 1990 through November 30, showing the funds appropriated for the operation of the county nursing home. These documents must be submitted However, for state fiscal year 1992, the county budgets submitted; B)
- twelfth of the annual assessment amount prior to payment as a certification statement was provided in lieu of an actual Submit the monthly claim form in the amount of the rate liability amount. This amount will be reduced by one established by the Department minus any third party assessment payment; and 0
- Services pertaining to the certification of county funds. and/or the United States Department of Health and Human Make records available upon request to the Department (a

Notification (p

due. Such calculations shall be subject to quarterly reconciliations 30 days prior to the date on which the provider participation fee is calculations under subsections (b) and (c) above. The notification shall be in writing and shall be submitted to the facility at least The Department shall notify each facility of the results of its audit/reconciliation described in subsection (1) below. as described in subsection (e) below and the annual

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.94 (continued)

- Procedure for Reconsideration and Quarterly Reconciliation (e)
- Only requests for reconsideration of the assessment calculation calculation of its provider participation fee for that quarter. shall be considered during the quarterly reconciliation period. Department's calculations under subsections (b) and (c) above, addressed during the annual audit/reconciliation described in each facility shall have the right to reconsideration of the All appeals based on utilization/spending estimates shall be Upon notification of the results of the subsection (k) below. Reconsiderations.
- accompanied by written materials setting forth the grounds Requests for reconsideration must be received in writing within 30 calendar days of the date of the Department's The request shall be notification of the fee due. for reconsideration.
- quarter, such adjustment shall be made during the quarterly In the event that a request for reconsideration results in participation fee amount for the time period in question. the need for an adjustment to the fee due for the subject A facility shall be required to pay its provider reconciliation for the subject quarter. B)
- and shall be submitted to the facility at least ten (10) working fee was incorrect, this notification shall include an adjustment The facility shall be obligated to pay the amount shown on participation fee is due. If as a result of the reconciliation, quarterly reconciliation. The notification shall be in writing the reconciliation notification if that amount differs from the Quarterly Reconciliation. A quarterly reconciliation shall be the Department determines that the amount of the reconsidered to the amount of the provider participation fee which is next amount in the notification described in subsection (d) above. performed by the Department to make adjustments to the fees above. During the quarterly reconciliation, the Department Department shall notify each facility of the results of the calculated by the Department under subsections (b) and (c) shall consider all requests for reconsideration which are days prior to the date on which the subsequent provider received in compliance with subsection (e)(1) above. due. 2)

Penalties £)

Section 140.94(f) (continued)

- than the full amount due as described in subsections (b) and (c) above, shall be assessed a penalty of ten (10%) percent of the which includes any penalty accrued and not paid, from the time delinguency or deficiency for each month, or fraction thereof, computed on the full amount of the delinguency or deficiency, Any facility that fails to pay the fee when due or pays less the fee was due. 1
- immediate recoupment actions against the delinquent facility by including any penalties, is satisfied. Recoupment proceedings withholding the amount due from future payments. No payments Within five days from the due date, the Department will begin against the same facility two times in a fiscal year shall be will be made to the facility until the entire provider fee, cause for termination from the Program. 2)
- the Department may begin legal action to recover the monies owed penalties and interest, within three months of the fee due date, If the facility is no longer doing business with the Department or the Department cannot recover the full amount due, including plus court costs. 3)
- that are unable to make timely payments under this Section due to financial difficulties. The delayed payment provisions are The Director of the Department of Public Aid is authorized to establish delayed payment schedules for individual facilities described in subsections (g) and (h) below. 4)

Delayed Payment - Groups of Facilities. (b

The Director may establish delayed payment of fees and/or waive the payment of interest and penalties for groups of facilities when:

- the State delays payments to facilities due to problems related to state cash flow, or 1
- requests from providers for loans are in excess of its scheduled proceeds such that a significant number of facilities will be a cash flow bond pool's or any other group financing plans' unable to obtain a loan to pay the fee. 5)

Delayed Payment - Individual Facilities h)

may waive or delay fees for individual facilities that are unable to In addition to the provisions of subsection (g) above, the Director

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.94(h) (continued)

the last business day of the calendar quarter in which the provider difficulties. No delayed payment arrangements shall extend beyond participation fee was to have been received by the Department as make timely payments under this Section due to financial described in subsection (c) above.

- medical assistance services. Delayed payment provisions shall Criteria. Delayed payment provisions may be instituted only under extraordinary circumstances to qualified facilities of be made only to qualified facilities who meet all of the following requirements: 1)
- (f)(2) and (f)(3) above would impose severe and irreparable harm to the clients served. Circumstances which may create provisions described in subsections (c)(1), (c)(2), (f)(1), Emergency in this instance is defined as a circumstance necessitates institution of delayed payment provisions. such emergencies include, but are not limited to, the under which institution of the payment and penalty the facility has experienced an emergency which A)
- clerical) which have precluded payments, or which have Department system errors (either automated system or caused erroneous payments such that the facility's ability to provide further services to clients is severely impaired; ;
- cash flow problems encountered by a facility which are unrelated to Department technical system problems and facility adversely impacting on its ability to serve which result in extensive financial problems to a its clients. 11)
- facility serves a significant number of clients under the Medical Assistance Program. Significant in this instance means: the B
- 85 percent or more of their residents must be eligible for public assistance; ; ;
- (h)(l)(B)(i) may be waived if the cash flow criteria for government-owned facilities, subsection under subsection (h)(l)(A)(ii) is met; and ii)

3486

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.94(h)(1)(B) (continued)

- iii) for providers who have filed for Chapter 11
 bankruptcy, subsection (h)(l)(B)(i) may be waived if
 the cash flow criteria under subsection (h)(l)(A)(ii)
 is met.
- the facility must file a Cash Position Statement which is based upon current assets, current liabilities and other data for a date which is less than sixty (60) days prior to the date of filing. Any liabilities payable to owners or related parties must not be reported as current liabilities on the Cash Position Statement. A deferral of assessment payments will be denied if any of the following criteria are met:
- the ratio of current assets divided by current liabilities is greater than 2.0;
- ii) cash, short term investments and long term investments equal or exceed the total of accrued wages payable and the assessment payment. Long term investments which are unavailable for expenditure for current operations due to donor restrictions or contractual requirements will not be used in this calculation;
- iii) cash or other assets has been distributed during the previous 90 days to owners or related parties in an amount equal to or exceeding the assessment payment for dividends, salaries in excess of those allowable under Section 140.541 or payments for purchase of goods or services in excess of cost as defined in Section 140.537.
- b) the facility, with the exception of government owned facilities, must show evidence of denial of an application to borrow provider participation fee funds through a cash flow bond pool or financial institutions such as a commercial bank.
- E) the facility must sign an agreement with the Department which specifies the terms and conditions of the delayed payment provisions. The agreement shall contain the following provisions:
- specific reason(s) for institution of the delayed payment provisions;

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.94(h)(1)(E) (continued)

- specific dates on which payments must be received and the amount of payment which must be received on each specific date described;
- iii) the interest or a statement of interest waiver that shall be due from the facility as a result of institution of the delayed payment provisions;
- iv) a certification stating that, should the entity be sold, the new owners will be made aware of the liability and any agreement selling the entity will include provisions that the new owners will assume responsibility for repaying the debt to the Department according to the original agreement;
- v) a certification stating that all information submitted to the Department in support of the delayed payment request is true and accurate to the best of the signator's knowledge; and
- vi) such other terms and conditions that may be required by the Department.
- delayed payment schedule and/or the waiver of interest and delayed payment schedule and/or the waiver of interest and penalties. The Director may approve the request, notwithstanding the facility not meeting the above criteria, upon a sufficient showing of financial difficulties and good cause by the facility. If the request for a delayed payment schedule and/or waiver of interest and penalties is approved, all other conditions of this subsection (h) shall apply.

3) Approval Process

A) In order to receive consideration for delayed payment provisions, facilities must submit their request in writing (telefax requests are acceptable) to the Bureau of Program and Reimbursement Analysis. The request must be received within ten (10) working days of the date of the Department's notification of the provide: participation fee due for the subject quarte: as described in subsection (c) above. Requests must be complete and contain all required information before they are considered to have met the time requirements for filing a delayed payment request. All telefax requests must be followed up with original written

NOTICE OF ADOPTED AMENDMENTS

Section 140.94(h)(3)(A) (continued)

requests by certified mail postmarked no later than the date of the telefax. The request must include: an explanation of the circumstances creating the need for the delayed payment provisions;

7

- supportive documentation to substantiate the emergency nature of the request and risk of irreparable harm to the clients; and ii)
- iii) specification of the specific arrangements requested by the facility.
- administrator, owner or other authorized representative and request for institution of delayed payment provisions. An agreement shall be issued to the facility for all approved be received by the Department prior to the first scheduled writing, of the Department's decision with regard to the The facility shall be notified by the Department, in The agreement must be signed by the payment date listed in such agreement. B)
- of delayed payment provisions is approved and the Department has (h)(3)(B) above, such penalties shall be permanently waived for the subject quarter unless the facility fails to meet the terms agreement shall be considered null and void and such penalities provisions. In the event a facility's request for institution fails to meet the terms and conditions of the agreement, the Waiver of Penalties. The penalties described in subsections received the signed agreement in accordance with subsection and conditions of the agreement. In the event the facility (f)(1) and (f)(2) above may be waived upon approval of the facility's request for institution of delayed payment shall be fully reinstated. 4)
- The delayed payments shall include interest at a rate described in subsection (h)(l)(C) above is 1.5 or less and the waivers granted shall be expressly identified in the agreement applicable interest rate shall be identified in the agreement described in subsection (h)(1)(E) above. The interest may be facility meets the criteria in (h)(1)(A) and (B). Any such waived by the Director if the facility's current ratio, as not to exceed the State of Illinois borrowing rate. The described in subsection (h)(1)(E) above. Interest. 2

ILLINOIS REGISTER

3488

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.94(h) (continued)

- subsection (h)(3) \underline{above} shall not \underline{apply} to a facility that has subsequent delayed payment arrangements until such time as the not satisfied the terms and conditions of any current delayed Once a facility has terms and conditions of any current delayed payment agreement have been satisfied. The waiver of penalties described in arrangements, the facility shall not receive approval for requested and received approval for delayed payment Subsequent Delayed Payment Arrangements. payment agreement. (9
- Disbursements from the Fund i)
- Disbursements from the Funds shall be made only: 1)
- for facility expenditures made under Title XIX of the Social Security Act; A)
- for the reimbursement of monies collected by the Department from facilities through error or mistake; B)
- Department or its agent in performing the activities authorized by subsections (b), (c), (d), (e) and (f) above; for payment of administrative expenses incurred by the ΰ
- federal government for payments from these Funds which are Disbursements from for payments of any amounts which are reimbursable to the Comptroller upon receipt of vouchers duly executed and these Funds shall be by warrants drawn by the State required to be paid by State warrant. certified by the Department. (a
- Disbursements from the Fund are conditional on: 2)
- requested by facilities under subsection (e)(1) above; and expiration of the time limitations for reconsiderations A)
- sudit reconciliation determined under subsection (1) below. the availability of sufficient monies in the Funds to make the payments required after the quarterly reconciliation determined under subsection (e)(2) above and the annual B)
- this Section shall be made only to the extent that sufficient monies challenging any part of this Section, payments to facilities under Court Orders. If one or more facilities file suit in any court j.

93

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.94(j) (continued)

are available in the appropriate Fund and only to the extent that any monies in the Fund are not prohibited from disbursement under any order of the Court,

- government in an appropriate State plan amendment. Fees under this described in this Section are subject to approval by the federal approved by the federal government in an appropriate State plan Payments under the disbursement methodology Section are conditioned on the disbursement methodology being Federal Approval. amendment. 2
- Annual Audit/Reconciliation 7
- The Department shall conduct an annual review and reconciliation described in subsection (b) of this Section is due. The purpose of the provider participation fees paid by facilities within 9 months from the end of the State fiscal year in which the fee of the reconciliation shall be to adjust the provider participation fees paid by a facility to reflect: 7
- the actual services provided by the facility to clients of the Medical Assistance Program during the period to which provider participation fee relates; and the (A
- the payments actually received by the facility related to those services during the period to which the provider participation fee relates. B)
- Where the estimated utilization of services or gross receipts as actual utilization or actual gross receipts during the period to determined and utilized by the Department in the calculation of shall recalculate the facility's provider participation fee in fees due under subsection (b) does not reflect the facility's utilization and actual gross receipts for the period to which which the provider participation fee relates, the Department accordance with subsection (b), using the facility's actual the provider participation fee relates. 2)
- the facility shall be required to pay to the Fund within 60 the provider participation fee amount actually paid and the monies are owed to the Department, the difference between days of the date of notification from the Department that provider participation fee based upon actual utilization, If the recalculation indicates that the facility should have been required to pay, but did not pay, a higher (A

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.94(1)(2)(A) (continued)

provider participation fee amount which should have been

- facility to the facility the difference between the amount period which exceeded that which the facility should have the facility actually paid and the amount of the provider total provider participation fee during the twelve-month notification from the Department that monies are due the If the recalculation indicates that the facility paid a been required to pay based upon actual utilization, the Department shall refund within 60 days of the date of participation fee the facility should have paid. B)
- In no event shall the payments to a facility, less the fees paid reduced due to lowered costs as reported in the cost report used by the facility under subsections (b) and (c) above, equal less rates are lowered by the Inspection of Care survey or rates are than the payments from the facility's State fiscal year 1991 weighted average payment rates reduced by 5% unless current to calculate the current rate. 3)
- the Department under this Section only to the extent that monies paid to the Department and to receive refunds and payments from appropriate Fund. A facility is entitled to recover amounts Amounts recovered from a facility shall be credited to the are available in the appropriate Fund. 4)
- received in writing within thirty (30) calendar days of the date shall include a clear explanation of the error and documentation receipt of all required review material. If the facility fails of the Department's notification of the fee due. Such request to request a reconsideration pursuant to this subsection, the audit/reconciliation, each facility shall have the right to of the desired correction. The Department shall notify the Upon notification of the results of the Department's annual facility of the results of the review within 30 days of the Such requests for reconsideration must be reconsideration of the results of such annual audit/ Department's determination shall be final. reconciliation. 2

Applicability Ê

The requirements of this Section shall apply only as long as federal funds under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) are available to match the fees collected and disbursed under this Section and only as long as reimbursable expenditures are

Section 140.94(m) (continued)

in the Funds that has been paid by the facility, plus any investment shall promptly refund to each facility the amount of money currently matched at the Federal Medicaid percentage of a least 50 percent. percentage, this Section shall no longer apply and the Department available for these purposes, or shall be available at a lower Whenever the Department is informed that federal funds are not earnings on that amount.

Definitions n)

- and reported by the Department, for services provided during the previous fiscal year which have been paid within nine (9) months described in subsection (b) of this Section which are imposed in "Actual gross receipts" means the gross receipts, as determined March 31, 1992, for fees described in subsection (b) which are imposed in State fiscal year 1992; services provided in fiscal from the end of such previous State fiscal year (for example, services provided in fiscal year 1991 and paid no later than year 1992 and paid no later than March 31, 1993, for fees State fiscal year 1993; etc.). 1
- March 31, 1994 for fees imposed in State fiscal year 1993; etc.). provided during the State fiscal year in which the fee described (9) months from the end of such State fiscal year (for example, "Actual utilization" means the actual utilization of services in subsection (b) is due and which have been paid within nine services provided in fiscal year 1992 and paid no later than services provided in fiscal year 1993 and paid no later than March 31, 1993 for fees imposed in State fiscal year 1992; 5
- utilization for the State fiscal year in which the fee described "Estimated rate year utilization" means the facility's project in subsection (b) of this Section is due (for example, fiscal year 1992 for fees imposed in State fiscal year 1992, fiscal year 1993 for fees imposed in State fiscal year 1993, etc.). 3)
- "Facility" means a Medicaid certified intermediate care facility for the developmentally disabled of 16 beds or less, skilled or for the developmentally disabled or intermediate care facility Counties Code, but shall not include state-operated facilities intermediate nursing facility, including county nursing homes directed and maintained pursuant to Section 5-1005 of the or campus facilities as defined in Section 140.583. 4)
- "Fee" means a provider participation fee paid by facilities under this Section. 2

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.94(n) (continued)

- "Fund" means the Medicaid Developmentally Disabled Provider Participation Fee Trust Fund and/or Medicaid Long Term Care Provider Participation Fee Trust Fund. (9
- regulations and the federal Medicaid Program as defined in Title (Ill. Rev. Stat. 1989, ch. 23, par. 5-1 et seq.) and shall mean thereof, to a facility certified to participate in the Medical Assistance Program, for services rendered eligible for Medical (42 U.S.C. 1396 et seq.) and Article V of the Public Aid Code services delivered under Title XIX of the Social Security Act any and all payments made by the Department, or a Division 'Gross Receipts" means all annualized payments for medical Assistance under Article V of the Public Aid Code, State KIX of the Social Security Act and federal regulations. 7

Amended at 17 Ill. Reg. 3421 , effective February 19, 1993) (Source:

Hospital Services Trust Fund Section 140.95

Purpose and Contents. а Э

- All other provisions of this Section remain in effect, including but not limited to, subsection (f) on penalties and subsection methodology created under subsections (b)(1), (2), and (3) of this Section terminates in accordance with Public Act 87-861. Effective June 30, 1992, the provider participation fee (1) on annual audit and reconciliation. 1
- The Hospital Services Trust Fund ("Fund") was created in the State Treasury upon enactment of Public Act 87-13. Interest The Fund shall not be used to replace any funds appropriated to the earned by the Fund shall be credited to the Fund. Medicaid program by the General Assembly. 2)1)
- The Fund is created for the purpose of receiving and disbursing monies in accordance with this Section. 3)3)

4)3} The Fund shall consist of:

- All monies collected or received by the Department under subsections (b)(1), (b)(2) and (b)(3) below; (A
- All federal matching funds received by the Illinois Department as a result of expenditures made by the â

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(a)(4) (continued)

Department that are attributable to monies deposited in the

- Any interest or penalty levied in conjunction with the administration of the Fund; and 0
- All other monies received for the Fund from any other source, including interest earned thereon.

Provider Participation Fees. (q

- Beginning on July 1, 1991, and ending on June 30, 1995, a fee is Section 5-5.02 of the Public Aid Code (Ill. Rev. Stat. 1989, ch. the estimated rate year utilization, for State fiscal year 1992 and each State fiscal year thereafter through State fiscal year imposed upon each hospital in an amount equal to 50 percent of annualized Medicaid spending and actual rate year utilization. annualized Medicaid spending, which shall be calculated using 23, par. 5-5.02), and the hospital's total Medicaid base year spending. This fee shall be adjusted pursuant to the annual 1995 excluding payments under 89 Ill. Adm. Code 148.120 and the positive difference between the hospital's anticipated audit described in subsection (1) below to reflect actual 7
- Beginning on July 1, 1991, and ending on June 30, 1995, a fee is the hospital's gross receipts for services provided during the Department. This fee shall be adjusted pursuant to the annual imposed upon each hospital in an amount equal to 5 percent of previous State fiscal year as determined and reported by the audit described in subsection (1) below to reflect actual Medicaid gross receipts for services provided during the previous State fiscal year. 2)
- Beginning on July 1, 1991, and ending on June 30, 1995, a fee is payments under subsection (d) of Section 14-8 of the Public Aid imposed upon each hospital which receives critical care access Code (Ill. Rev. Stat. 1989, ch. 23, par. 14-8). This fee is equal to fifty (50) percent of the critical care payments as calculated in accordance with 89 Ill. Adm. Code 148.120(k).
- Payment of Fees Due. ()
- The fees described in subsection (b) above and shall be due and payable on a calendar quarterly basis. 1)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(c) (continued)

- July 1, and October 1 of each year with the final payment due on subsequent quarterly amounts shall be due on January 1, April 1, first business day of the first calendar quarter following the quarter for which the fee is being paid, with the exception of July 1, 1995. All monies collected under subsections (b) and the initial payment which shall be due on November 1, 1991. Participation Fee Notice described in subsection (d) on the The fees shall be payable to and collected by the Illinois Department in quarterly amounts due and received by the (c) of this Section shall be deposited into the Fund. Department at the address specified on the Provider
- to any interest, second to any penalty, and then to the fee due. All payments received by the Department shall be credited first 3)

Notification. g)

calculations under subsections (b) and (c) above. The notification shall be in writing and shall be submitted to the hospital at least quarterly reconciliations as described in subsection (e) below and the annual audit/reconciliation described in subsection (1) below. participation fee is due. Such calculations shall be subject to The Department shall notify each hospital of the results of its thirty (30) days prior to the date on which the provider

Procedure for Reconsideration and Quarterly Reconciliation. (e

- Only requests for reconsideration of the assessment calculation calculation of its provider participation fee for that quarter. shall be considered during the quarterly reconciliation period. addressed during the annual audit/ reconciliation described in Department's calculations under subsections (b) and (c) above, each hospital shall have the right to reconsideration of the All appeals based on utilization/spending estimates shall be Reconsiderations. Upon notification of the results of the subsection (1) below. 7
- accompanied by written materials setting forth the grounds Requests for reconsideration must be received in writing within 30 calendar days of the date of the Department's The request shall be notification of the fee due. for reconsideration. (V
- participation fee amount for the time period in question. A hospital shall be required to pay its provider B)

6,6

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(e)(1)(B) (continued)

quarter, such adjustment shall be made during the quarterly In the event that a request for reconsideration results in the need for an adjustment to the fee due for the subject reconciliation for the subject quarter.

2)

The facility shall be obligated to apy the amount shown on and shall be submitted to the hospital at least ten (10) working If as a result of the reconciliation, the reconciliation notification if that amount differs from the amount in the notification described in subsection (d) $\underline{above}.$ quarterly reconciliation. The notification shall be in writing fee was incorrect, the notification shall include an adjustment Quarterly Reconciliation. A quarterly reconciliation shall be the Department determines that the amount of the reconsidered to the amount of the provider participation fee which is next performed by the Department to make adjustments to the fees above. During the quarterly reconciliation, the Department Department shall notify each hospital of the results of the calculated by the Department under subsections (b) and (c) shall consider all requests for reconsideration which are received in compliance with subsection (e)(1) above. The days prior to the date on which the subsequent provider participation fee is due. que.

Penalties. £)

- than the full amount due as described in subsections (b) and (c) which includes any penalty accrued and not paid, from the time delinguency or deficiency for each month, or fraction thereof, above, shall be assessed a penalty of ten (10) percent of the computed on the full amount of the delinquency or deficiency, Any hospital that fails to pay the fee when due or pays less the fee was due. 1
- immediate recoupment actions against the delinguent provider by Within five days from the due date, the Department will begin Recoupment proceedings against the same provider two times in a fiscal year shall be witholding the amount due from future payments. No payments will be made to the provider until the entire provider fee cause for termination from the program. including any penalties is satisfied. 5
- If the provider is no longer doing business with the Department or the Department can not recover the full amount due including penalties and interest within three months of the fee due date, the Department may begin legal action to recover monies owed plus court costs. 3)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(f) (continued)

- delayed payment schedules for individual facilities that are The delayed payment provisions are The Director of the Department of Public Aid may establish unable to make timely payments under this Section due to described in subsections (g) and (h) below. financial difficulties. 4)
- Delayed Payment Groups of Facilities 6

The Director may establish delayed payment of fees and/or waive the payment of interest and penalties for groups of hospitals such as disproportionate share hospitals or all other hospitals when:

- the State delays payments to hospitals due to problems related to state cash flow, or 7
- requests from providers for loans are in excess of its scheduled a cash flow bond pool's, or any other group financing plans', proceeds such that a significant number of hospitals will be unable to obtain a loan to pay the fee. 5
- Delayed Payment Individual Facilities h)

may waive or delay fees for individual facilities that are unable to the last business day of the calendar quarter in which the provider In addition to the provisions of subsection (q) above, the Director difficulties. No delayed payment arrangements shall extend beyond participation fee was to have been received by the Department as make timely payments under this Section due to financial described in subsection (c) above.

- medical assistance services. Delayed payment provisions may be made only to qualified hospitals who meet all of the following Criteria. Delayed payment provisions may be instituted only under extraordinary circumstances to qualified providers of 1
- to the clients served. Circumstances which may create such emergencies include, but are not limited to, the following: provisions described in subsections (c)(1), (c)(2), (f)(1) and (f)(2) above would impose severe and irreparable harm Emergency in this instance is defined as a circumstance necessitates institution of delayed payment provisions. under which institution of the payment and penalty the provider has experienced an emergency which

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(h)(1)(A) (continued)

- clerical) which have precluded payments, or which have Department system errors (either automated system or caused erroneous payments such that the provider's ability to provide further services to clients is severely impaired; 1
- cash flow problems encountered by a provider which are These situations include cash flow problems which are unrelated to Department technical system problems and facility, adversely impacting on its ability to serve unrelated to Department technical system problems. which result in extensive financial problems to a its clients. ii)
- the provider serves a significant number of clients under the medical assistance program. Significant in this instance means: (n
- that the hospital must qualify as a disproportionate share hospital under 89 Ill. Adm. Code 148.120(a)(1) through 148.120(a)(4). 1)
- criteria under subsection (h)(1)(A)(ii) above is met; (h)(1)(B)(i) above may be waived if the cash flow for government-owned facilities, subsection 1 i)
- waived if the cash flow criteria under subsection bankruptcy, subsection (h)(1)(B)(i) above may be iii) for providers who have filed for Chapter 11 (h)(l)(A)(ii) above is met.
- data for a date which is less than sixty (60) days prior to related parties must not be reported as current liabilities the provider must file a Cash Position Statement which is the date of filing. Any liabilities payable to owners or on the Cash Position Statement. A deferral of assessment payments will be denied if any of the following criteria based upon current assets, current liabilities and other 0
- the ratio of current assets divided by current liabilities is greater than 2.0. ([
- equal or exceed the total of accrued wages payable and cash, short term investments and long term investments 11)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(h)(1)(C)(ii) (continued)

are unavailable for expenditure for current operations due to donor restrictions or contractual requirements Long term investments which will not be used in this calculation. the assessment payment.

- the provider must show evidence of denial of an application to borrow provider participation fee funds through a cash flow bond pool or financial institutions such as a commercial bank. (n
- which specifies the terms and conditions of the delayed the provider must sign an agreement with the Department payment provisions. The agreement shall contain the following provisions: (i
- specific reason(s) for institution of the delayed payment provisions;
- specific dates on which payments must be received and the amount of payment which must be received on each specific date described; 11)
- iii) the interest or a statement of interest waiver that institution of the delayed payment provisions; shall be due from the provider as a result of
- responsibility for repaying the debt to the Department liability and any agreement selling the entity will a certification stating that, should the entity be include provisions that the new owners will assume sold, the new owners will be made aware of the according to the original agreement; and iv)
- a certification stating that all information submitted to the Department in support of the delayed payment request is true and accurate to the best of the signator's knowledge. 6
- A hospital which does not meet the above criteria may request a schedule and/or waiver of interest and penalties is approved, upon a sufficient showing of financial difficulties and good cause by the hospital. If the request for a delayed payment notwithstanding the hospital not meeting the above criteria, delayed payment schedule and/or the waiver of interest and all other conditions of this subsection (h) shall apply. The Director may approve the request, penalties. 2)

3) Approval Process.

- In order to receive consideration for delayed payment provisions, providers must submit their request in writing (telefax requests are acceptable) to the Bureau of Program and Reimbursement Analysis. The request must be received within ten (10) working days of the date of the Department's notification of the provider participation fee due for the subject quarter as described in subsection (c) above. Requests must be complete and contain all required information before they are considered to have met the time requirements for filing a delayed payment request. All telefax requests must be followed up with original written requests by certified mail, postmarked no later than the date of the telefax. The request must include:
- an explanation of the circumstances creating the need for the delayed payment provisions;
- ii) supportive documentation to substantiate the emergency nature of the request and risk of irreparable harm to the clients; and
- iii) specification of the specific arrangements requested by the provider.
- B) The hospital shall be notified by the Department, in writing, of the Department's decision with regard to the request for institution of delayed payment provisions. An agreement shall be issued to the provider for all approved requests. The agreement must be signed by the administrator, owner, chief executive officer or other authorized representative and be received by the Department prior to the first scheduled payment date listed in such agreement.
- (f)(1) and (f)(2) <u>above</u> may be waived upon approval of the provider's request for institution of delayed payment provisions. In the event a provider's request for institution of delayed payment provisions. In the event a provider's request for institution of delayed payment provisions is approved and the Department has received the signed agreement in accordance with subsection (h)(3)(B) above, such penalties shall be permanently waived for the subject quarter unless the provider fails to meet on the terms and conditions of the agreement. In the event the provider fails to meet on the terms and conditions of the

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(h)(4) (continued)

agreement, the agreement shall be considered null and void and such penalties shall be fully reinstated.

- Interest. The delayed payments shall include interest at a rate not to exceed the State of Illinois borrowing rate. The applicable interest rate shall be identified in the agreement described in subsection (h)(1)(E) above. The interest may be waived by the Director if the facility's current ratio, as described in subsection (h)(1)(C) above is 1.5 or less and the hospital meets the criteria in <u>subsections</u> (h)(1)(A) and (B) above. Any such waivers granted shall be expressly identified in the agreement described in subsection (h)(1)(D) above.
- Subsequent Delayed Payment Arrangements. Once a provider has requested and received approval for delayed payment arrangements, the provider shall not receive approval for subsequent delayed payment arrangements until such time as the terms and conditions of any current delayed payment agreement have been satisfied. The waiver of penalties described in subsection (h)(3) above shall not apply to a provider that has not satisfied the terms and conditions of any current delayed payment agreement.
- i) Disbursements from the Fund.
- 1) Disbursements from the Fund shall be made only:
- A) for hospital inpatient, hospital ambulatory care, and disproportionate share distributive expenditures made under Title XIX of the Social Security Act (42 U.S.C. 1396 et
- B) for the reimbursement of monies collected by the Department from hospitals through error or mistake;
- C) for payment of administrative expenses incurred by the Department or its agent in performing the activities authorized by subsections (b), (c), (d), (e) and (f) above; and
- D) for payments of any amounts which are reimbursable to the federal government for payments from this Fund which are required to be paid by State warrant. Disbursements from this Fund shall be by warrants drawn by the State

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(i)(1)(D) (continued)

Comptroller upon receipt of vouchers duly executed and certified by the Department.

- Disbursements from the Fund are conditional on: 2)
- expiration of the time limitations for reconsiderations requested by hospitals under subsection (e)(1) above. (A
- the availability of sufficient monies in the Fund to make Code after the quarterly reconciliation determined under the payments required by Section 14-8 of the Public Aid reconciliation determined under subsection (1) below. subsection (e)(2) above, and the annual audit B)

Court Orders. <u>;</u>

If one or more hospitals file suit in any court challenging any part made only to the extent that sufficient monies are available in the of this Section, payments to hospitals under this Section shall Fund and only to the extent that any monies in the Fund are not prohibited from disbursement under any order of the court.

Federal Approval. í,

subject to approval by the federal government in an appropriate State Payments under the disbursement methodology described in Section 14-8 of the Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, par. 14-8) are disbursement methodology described in Section 14-8 of the Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, par. 14-8) being approved by the plan amendment. Fees under this Section are conditioned on the federal government in an appropriate State plan amendment.

Annual Audit/Reconciliation.

- The Department shall conduct an annual review and reconciliation purpose of the reconciliation shall be to adjust the provider of the provider participation fees paid by hospitals. participation fees paid by a hospital to reflect:
- the actual services provided by the hospital to recipients of the Medical Assistance Program, and
- the payments actually received by the hospital related to those services during the period to which the provider participation fee relates.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(1) (continued)

- annualized Medicaid spending or gross receipts as determined and utilized by the Department in the calculation of fees due under Medicaid spending or actual gross receipts during the period to accordance with subsection (b) above, utilizing the hospital's shall recalculate the hospital's provider participation fee in spending and actual gross receipts for the period to which the which the provider participation fee relates, the Department hospital's actual rate year utilization, actual annualized actual rate year utilization, actual annualized Medicaid Where the estimated rate year utilization, anticipated subsections (b)(1) and (b)(2) above do not reflect the provider participation fee relates.
- utilization, actual annualized Medicaid spending or actual participation fee relates, the hospital shall be required notification from the Department that monies are owed to If the recalculation indicates that the hospital should participation fee amount actually paid and the provider provider participation fee based upon actual rate year gross receipts during the period to which the provider participation fee amount which should have been paid. have been required to pay, but did not pay, a higher the Department the difference between the provider to pay to the Fund within 60 days of the date of
- period which exceeded that which the hospital should have total provider participation fee during the twelve-month difference between the amount the hospital actually paid If the recalculation indicates that the hospital paid a utilization, actual annualized spending or actual gross participation fee relates, the Department shall refund and the amount of the provider participation fee the within 60 days of the date of notification from the Department that monies are due to the hospital the been required to pay based upon actual rate year receipts during the period to which the provider nospital should have paid. B)
- In no event shall the payments to a hospital, less the fees paid by the hospital under subsections (b) and (c) above, equal less than the payments from the hospital's State fiscal year 1991 weighted average payment rates reduced by 5 percent. 3)
- Fund. A hospital is entitled to recover amounts paid to the Amounts recovered from a hospital shall be credited to the Department and to receive refunds and payments from the 4

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(1)(4) (continued)

Department under this Section only to the extent that monies are available in the Fund.

received in writing within thirty (30) calendar days of the date shall include a clear explanation of the error and documentation receipt of all required review material. If the hospital fails Such request to request a reconsideration pursuant to this subsection, the of the desired correction. The Department shall notify the hospital of the results of the review within 30 days of the audit/reconciliation, each hospital shall have the right to Upon notification of the results of the Department's annual Such requests for reconsideration must be reconsideration of the results of such annual audit/ of the Department's notification of the fee due. Department's determination shall be final. reconciliation. 2

Applicability. Ē

long as reimbursable expenditures are matched at the Federal Medicaid hospital the amount of money currently in the Fund that has been paid match the fees collected and disbursed under this Section and only as The requirements of this Section shall apply only as long as federal funds under Title XIX of the Social Security Act are available to informed that federal funds are not available for these purposes, shall be available at a lower percentage, this Section shall no percentage of at least 50 percent. Whenever the Department is longer apply, and the Department shall promptly refund to each by the hospital, plus any investment earnings on that amount.

Definitions. n)

As used in this Section, unless the context requires otherwise:

expenditures made by the Department for services provided during example, services provided in fiscal year 1992 and paid no later than March 31, 1993 for fees imposed in State fiscal year 1992; the State fiscal year in which the fee described in subsection share payments, targeted access payments, critical care access (b)(1) of this Section is due and which have been paid within services provided in fiscal year 1993 and paid no later than etc.). Such expenditures shall not include disproportionate nine (9) months from the end of such State fiscal year (for March 31, 1994 for fees imposed in State fiscal year 1993; "Actual annualized Medicaid spending" means the actual payments or uncompensated care payments. 1

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(n) (continued)

- previous fiscal year which have been paid within nine (9) months and reported by the Department, for services provided during the "Actual gross receipts" means the gross receipts, as determined March 31, 1992, for fees described in subsection (b)(2) of this from the end of such previous State fiscal year (for example, 1993, for fees described in subsection (b)(2) of this Section Section which are imposed in State fiscal year 1992; services provided in fiscal year 1992 and paid no later than March 31, services provided in fiscal year 1991 and paid no later than which are imposed in State fiscal 1993; etc.). 2)
- have been paid within nine (9) months from the end of such State fiscal year 1992; services provided in fiscal year 1993 and paid described in subsection (b)(1) of this Section is due and which fiscal year (for example, services provided in fiscal year 1992 services provided during the State fiscal year in which the fee and paid no later than March 31, 1993 for fees imposed in State "Actual rate year utilization" means the actual utilization of no later than March 31, 1994 for fees imposed in State fiscal year 1993; etc.). 3)
- hospital for services provided in the State fiscal year in which (for example, fiscal year 1992 for fees imposed in State fiscal Department's estimate of expenditures which will be made to the the fee described in subsection (b)(1) of this Section is due critical care access payments or uncompensated care payments. year 1992, fiscal year 1993 for fees imposed in State fiscal disproportionate share payments, targeted access payments, year 1993, etc.). Such expenditures shall not include "Anticipated annualized Medicaid spending" means the 4)
- "Estimated rate year utilization" means the hospital's projected utilization for the State fiscal year in which the fee described in subsection (b)(1) of this Section is due (for example, fiscal year 1992 for fees imposed in State fiscal year 1992, fiscal year 1993 for fees imposed in State fiscal year 1993, etc.). 2)
- "Fund" means the Hospital Services Trust Fund. (9
- services rendered eligible for Medical Assistance under Articles Articles V, VI and VII of the Public Aid Code and shall mean any and all payments made by the Department, or a Division thereof, participate in the Illinois Medical Assistance Program, for delivered under Title XIX of the Social Security Act and 'Gross Receipts" means all payments for medical services to a Medical Assistance Program provider certified to 2

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(n)(7) (continued)

V, VI and VII of the Public Aid Code, State regulations and the federal Medicaid Program as defined in Title XIX of the Social Security Act and federal regulations.

- reports to the Department under 89 Ill. Adm. Code 148, but shall not include the University of Illinois Hospital Act or a county not-for-profit, which is located in the State and is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act or any institution, place, building, or "Hospital" means any institution, place, building, or agency, requirements of the Hospital Licensing Act in effect for the state in which it is located, and is required to submit cost agency, public or private, whether organized for profit or not-for-profit, which meets all comparable conditions and public or private, whether organized for profit or hospital in a county of over 3 million population. 8
- payments made under 89 Ill. Adm. Code 148.120 and Section 5-5.02 5-5.02), reduced by 5 percent and multiplied by the hospital's "Total Medicaid Base Year Spending" means the hospital's State fiscal year 1991 weighted average payment rates, excluding of the Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, par. estimated rate year utilization. 6
- "Weighted Average Payment Rate" means the hospital's payment disproportionate share and outlier adjustments and less any rates for specific services, divided by the hospital's utilization for those specific services, plus any third party liability payments. 10)

Fee Assurances (0

- Department of Public Aid, if either of the following events Notwithstanding any provision of any rule of the Illinois occurs: 1
- Rev. Stat. 1989, ch. 23, par. 14-3) or the State's expenditures are matched at a Federal Medicaid percentage disbursed under Section 14-3 of the Public Aid Code (Ill. Federal funds under Title XIX of the Social Security Act are no longer available to match the fees collected and of less than 50%; or (A
- submitted to the Health Care Financing Administration The State Plan amendment, in substantially the form (B)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

Section 140.95(o)(1)(B) (continued)

disbursement methodology set forth in Section 14-8 of the Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, par. 14-8) ("HCFA") prior to October 1, 1991, implementing the is disapproved by HCFA.

Then the Department shall: 2)

- Rev. Stat. 1989, ch. 23, par. 14-3) (fees due on the first business day of one quarter are considered collected Section 14-8 of the Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, par. 14-8), the proposed State Plan amendment, and Medicaid recipients during the period for which fees have Make payments to hospitals in an amount commensurate with rules implementing such Section for services provided to been collected under Section 14-3 of the Public Aid Code the payment rates that would have been paid pursuant to for the previous quarter pursuant to subsection (c)(2) above); or (A
- as described in subsection (Q)(2)(A) above. The difference not been recouped by the hospital through the payment rates payments that would have been made to the hospital based on hospital the hospital's fee, or portion thereof, which has considered the amount of the fee recouped by the hospital. the hospital's total Medicaid base year spending shall be between the actual payments made to the hospital and the described in subsection (o)(2)(A) above, refund to the If the Department cannot make payments at the level B)

(Source: Amended at 17 Ill. Reg. 3421, effective February 19, 1993)

ILLINOIS REGISTER

3507

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- 11) Difference Between Proposal and Final Version:
- No changes were made between the proposed and final versions of this rulemaking.
- 12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee?
- No changes were suggested by the Joint Committee on Administrative Rules.
- 13) Will the Amendments Replace an Emergency Rule Currently in Effect?
- 14) Are there any other Amendments Pending on this Part? No
- 15) Summary and Purpose of Amendments:

This rulemaking requires surgical centers to report the number of surgical cases that are treated, as well as the total number of surgical procedures performed. Because more than one surgical procedure may be performed during a single surgical case, requiring centers to report both items will provide more complete information. Other changes in information required by the rules will allow the Department to correlate numbers and types of complications, hospitalizations, and deaths with specific surgical procedures.

- 16) Information and Ouestions Regarding this Adopted rulemaking shall be directed to:
- Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 (217)782-6187.

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT(S)

SUBCHAPTER b: HOSPITAL AND AMBULATORY CARE FACILITIES CHAPTER I: DEPARTMENT OF PUBLIC HEALTH TITLE 77: PUBLIC HEALTH

AMBULATORY SURGICAL TREATMENT CENTER LICENSING REQUIREMENTS PART 205

SUBPART A: GENERAL

Incorporated and Referenced Materials Application for Initial Licensure Application for License Renewal Approval of Surgical Procedures Conditions of Licensure Definitions 205.125 205.115 205.110 205.118 205.120

Section

SUBPART B: OWNERSHIP AND MANAGEMENT

Ownership, Control and Management Standards of Professional Work Policies and Procedures Manual Organizational Plan 205,220 Section 205.230 205.240 SUBPART C: PERSONNEL

Presence of Qualified Physician Personnel Policies Basic Life Support Nursing Personnel Section. 205.340

Laboratory Service

SUBPART D: EQUIPMENT, SUPPLIES, AND FACILITY MAINTENANCE

Sanitary Facility Equipment 205.420 Street . .f.

SUBPART E: GENERAL PATIENT CARE

P. Joperal Care Preoperative Care The Lyth 7 Care Operation are SHBF/ACT : PECORDS AND REPORTS

ILLINOIS REGISTER

3510 63

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ABOPTED AMENDMENT(S)

Statistical Data

Clinical Records

Section 205.610 205.620 SUBPART G: LIMITED PROCEDURE SPECIALTY CENTERS

Pregnancy Termination Specialty Centers Personnel (Repealed)

General Patient Care (Repealed) 205.730

Postoperative Requirements (Repealed) Preoperative Requirements (Repealed) 205.740

Reports (Repealed) 205.760 SUBPART H: LICENSURE PROCEDURES

Complaints Sect 1 11 205.810

Notice of Violation Plan of Correction 205.820 205.830

2015.84.1

Fines and Penalties 3.4.850

Hearings 215.860 BUILDING DESIGN, CONSTRUCTION STANDARDS, AND PHYSICAL REQUIREMENTS SUBPART I:

Plant and Service Requirements Section

Ceneral Considerations 205.1320

New Construction, Additions and Major Alterations Minor Alterations and Remodeling Changes 205.1330 205.1340

Administration Department and Public Areas

Clinical Facilities 11961. 1961

Support Service Areas 205,1380

Other Building Service Diagnostic Pacilities 05.1390

Details and Finishes

Construction, Including Fire Resistive Reguirements 205,1410

MECHANICAL SUBPARE

> Jethe Lal 014. : 400 Section

Thermal and Acoustical Insulation 205.1530

Air Conditioning, Healing and Ventilating Systems Steam and Hot Water Systems 205.1540

SUBPART K: PLUMBING AND OTHER PIPING SYSTEMS

ILLINOIS RECISTER

DECAS SMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT(S)

Plumbing Fixtures Drainage Systems Identification Water System General 205.1620 205.1630 205.1640 205.1610 U201.465 Section.

SUBPART L: ELECTRICAL

Equipment Installation in Special Areas Receptacles (Convenience Outlets) Switchboards and Power Panels Emergency Electric Service Fire Alarm System Panelboards Grounding , ght ing Seneral 205.1750 205.1730 205.1760 205.1720 05.1.40 05.1770 05.1790

οĘ Rates Ventilation General Pressure Relationships and Ambulatory Surgery Area FABLE A

authorized by the Ambulatory Surgical Treatment Center Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 157-8.1 et seq.). AUTHORITY: Implementing and

effective February 23, 1979, for a maximum of 150 days; amended at 3 111. Reg. 30, p. 371, effective July 23, 1979; amended at 5 111. Reg. 12756, effective November 4, 1981; amended at 6 111. Reg. 6220, 6225, and 6226, effective May 17, 1982; amended at 6 Ill. Reg. 10974, effective August 30, 1982; amended at 6 Ill. Reg. 13337, effective October 20, 1982; amended at 7 Ill. Reg. 7640, Ill. Reg. 14786, effective October 1, 1987; amended at 12 Ill. Reg. 3743, effective February 15, 1988; amended at 12 Ill. Reg. 15573, effective October l, 1988; amended at 13 Ill. Reg. 16025, effective November 1, 1989; emergency days; amended at 14 Ill. Reg. 13802, effective August 15, 1990; amended at 15 June 14, 1983; codified at 8 Ill. Reg. 9367; amended at 9 Ill. Reg. 12014, effective July 23, 1985; amended at 10 Ill. Reg. 8806, effective June 1, 1986; amended at 10 III. Reg. 21906, effective January 15, 1987; amended at 11 amendment at 14 Ill. Reg. 5596, effective March 26, 1990, for a maximum of at 17 Ill. SOURCE: Amended July 18, 1974; emergency amendment at 3 Ill. Reg. 10, 1, 1991; amended Ill. Reg. 17770, effective December , effective March 3, 1993 effective 3507

RECORDS AND REPORTS SUBPART F:

Section 205.620 Statistical Data

the Each ambulatory surgical treatment center shall submit to Department clinical statistical data including the following: ه ص

ILLINOIS REGISTES

86

DEPARTMENT OF PUBLICHER, IN

NOTICE OF ADOPTED AMENDMENT(S)

- surgical procedure List the procedure performed and 4]34 the number of patients requiring transfer to a licensed hospital the total number of surgical cases treated by the center.
 the number and-type of each specific surgical pi reported, the complication which prompted each transfer specific procedure associated with each complications for treatment of complications. 3)2↑ the number and type of procedures performed.
- number of deaths, including the specific procedure which was This clinical statistical data shall be submitted to the Department no later than April 1 of each year for the preceeding calendar year. (q

the-number-of-patients-returning-for-foliow-up-confact.

44

effective 3507 Reg. 17 at March 3, 1993 (Source: Amended

SAVINGS AND LOAN ASSOCIATIONS COMMISSIONER OF

OF ADOPTED AMENDMENTS NOTICE

- Residential Mortgage License Act of 1987 Heading of the Part:
- 38 Ill. Adm. Code 450 Code Citation: 2)
- Adopted Action Section Numbers

New Section	New Section	New Section	New Section	Amendment	Amendment	Amendment	Amendment	Amendment	New Section	Amendment	Amendment	Amendment
450.135	450.145	450.160	450.165	450.175	450.210	450.220	450.260	450.410	450.425	450.940	450.1020	450.1335

March 2, 1993 Statutory Authority: 7

Mortgage License Act of 1987 (Ill. Rev. Stat. 1991, ch. 17, par. 2301-1 et seq.) (205 ILCS 635 1-1 et seq.). Residential the authorized by and Implementing

Effective Date of Adopted Amendments:

No. Does this rulemaking contain an automatic repeal date: No. Do the Amendments contain incorporations by reference:

Date Filed in Agency's Principal Office: November

- Date Notice of Proposed Amendments was published in Illinois 20, 1992, 16 Ill. Reg. 17570 November Register: · .
- Has JCAR issued a Statement of Objections to this rule:
- Differences between proposal and final version:

verbal and written between this Office and JCAR: both include changes agreements made following

Contents was amended to reflect the new statute citation for the Act. The Authority note immediately following the Table of

the Source note immediately following the Table of Contents

ILLINOIS REGISTER

SAVINGS AND LOAN ASSOCIATIONS COMMISSIONER OF

OF ADOPTED AMENDMENTS NOTICE

was amended by correcting the effective date of August 7, 1992 to August 1, 1992; and added, "amended at 16 Ill. Reg. 20179, effective December 9, 1992" (citation reflects additional proposed amendments that were pending during the First Notice

Q a comma after the Section 450.135 was amended by adding a comma after the phrase, "to do business,"; deleting, "or for"; and, adding "licenses or certificates, ". comma after,

Federal Agency, and State and Federal securities were changed to lower case letters. State Commissions, Insurance State 450.165: Section

"bi-annual" was replaced with the word, the word, "biennial". Section 450.220(b):

Section 450.425 was revised as follows:

at sentence was added The following the end of this subsection: Subsection (b)(5):

and being Some examples might include, but not be limited to: ability to demonstrate net worth, failure to procure required bond(s), fraudulent mortgage practices, fraudulent application for licensure, and being disciplinary other regulators' enforcement actions. subject to

was Section 450.425(b) immediately following this reference, the phrase above,"; (q) "subsection Commissioner may", was inserted. reference to read, Subsection (d): to replaced

Commissioner may"; replaced the comma at the end of the subsection with a semicolon, and deleted the semicolon Subsection (d)(1): deleted the opening phrase, after the word, "and". Section 450.1020(a): The "a)" is underlined; and a colon is added at the end of the subsection after the word, been made as indicated in the agreement letter issued by JCAR: Have all the changes agreed upon by the agency and JCAR 12)

All the changes agreed upon by the Agency and JCAR have been made.

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS

NOTICE OF ADOPTED AMENDMENTS

- Will these amendments replace emergency amendments currently in effect: 13)
- Are there any other proposed amendments pending on this Part: 14)
- Summary and Purpose of Rules: 15)

The rules in this Part implement the Residential Mortgage License Act of 1987 which creates a thorough regulatory structure and consumer protection provision that recognizes the growing complexity and volume of mortgage banking in

review by the Agency with changes which occurred from the Governor signing P.A. 87-1098, effective September 15, 1992. The amendments are both technical and of an administrative These amendments represent the culmination of a comprehensive nature so the Agency may more effectively implement the statuatory provisions of the Residential Mortgage License Act Information and questions regarding these Adopted Amendments shall be directed to: 16)

Mr. Jay R. Stevenson, Deputy Commissioner Office of the Commissioner of Savings and Residential Finance (Formerly: Office of the Commissioner of Savings and Loan Associations)

Springfield, Illinois 62701-1509 Suite 800 500 East Monroe,

The full text of the Adopted Amendments begins on the next page:

ILLINOIS REGISTER

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS

NOTICE OF ADOPTED AMENDMENTS

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS FINANCIAL INSTITUTIONS TITLE 38: CHAPTER III:

DEFINITIONS SUBPART A:

PART 450
RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Party Principal Place of Business Other Regulatory Agencies Administrative Decision Tier Subsidiary Hearing Officer Commissioner Assisting Document Employee Materia Control First State 450.170 450.175 450.185 450.110 450.120 Section 450.125 450.130 150.140 450.150 450.135 450.160 450.165 450.1

FEES SUBPART B:

	License Investigation Fees	License Fees	Amended License Fees - Corporate Changes	Duplicate Original License Fees		Direct Expenses of Out-of-State Examinations	Additional Full-Service Office Fees	Hearing Fees	Late Fees (Repealed)	Manner of Payment
Section	450.210	450.220	450.230	450.240	450.250	450.255	450.260	450.270	450.280	450.290

LICENSING SUBPART C:

Section

1000	
450.310	Application for an Illinois Residential Mortgage License
450.320	Application for Renewal of an Illinois Residential
	Mortgage License
450.330	Waiver of License Fee
450.340	Full-Service Office
450.350	Additional Full-Service Office

OPERATIONS AND SUPERVISION SUBPART D:

1	١.		
_	4		
U	١	c	7

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS NOTICE OF ADOPTED AMENDMENTS

ILLINOIS REGISTER

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS

NOTICE OF ADOPTED AMENDMENTS

Requirements Misleading and Deceptive Advertising Prohibition SUBPART I: LOAN BROKERAGE PRACTICES Loan Brokerage Agreement Loan Brokerage Disclosure Statement Prohibited Practice		Loan Application Procedures Copies of Signed Documents Confirmation of Statements Cancellation of Application Maintenance of Records	SUBPART K: GENERAL LENDING PRACTICES Notice to Joint Borrowers Inaccuracy of Disclosed Information Changes Affecting Loans in Process Prohibition of Unauthorized Lenders Good Faith Requirements		Charges to Seller Intentional Delay No Duplication to Borrower of Seller's Costs Fees and Charges Prior to Closing Refunds on Failure to Close Representative at Closing Compliance with Other Laws Failure to Close - Disclosure	SUBPART M: EXEMPTION (General Interpretative duidelines:
Section 450.940 450.950 Section 450.1010 450.1030	Section 450.1110 450.1120 450.1130	450.1140 450.1150 450.1160 450.1170	Section 450.1210 450.1220 450.1230 450.1240	Section 450.1305 450.1310 450.1315	450.1320 450.1320 450.1335 450.1335 450.1340 450.1340	\$00.
Net Worth Line of Credit (Repeal) Examination Frequency Late Audit Reports Escrow Audit Workpapers Selection of Independent Auditor Proceedings Affecting a License	Change of Ownership, Control or Licensee Bonding Requirements E: ANNUAL REPORT OF MORTGAGE ACTIVIT	ACTIVITY AND MORTGAGE SERVICING ACTIVITY Filing Requirements Reporting Forms Annual Report of Mortgage Activity Annual Report of Brokerage Activity	Annual Report of Verification Subparr Computation of Na Rate	Computation of Illinois F Rate Excess Foreclosure Rate Foreclosure Rate Hearing Commissioner's Authority	SUBPART G: SERVICING New Loans Transfer of Servicing Real Property Tax and Hazard Insurance Payments Payment Processing Toll-Free Telephone Arrangement Payoff of Outstanding Mortgage Loan	Subpart H: ADVERTISING General Prohibition Definition of Advertisement Compliance with Other Laws
Section 450.410 450.420 450.425 450.430 450.450 450.450 450.450		Section 450.610 450.620 450.630	\$50.650 450.660 8ection	\$50.730	Section 450.810 450.820 450.830 450.830 450.840	Section 450.920 450.930

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS

NOTICE OF ADOPTED AMENDMENTS

	SUBPART N: ADMINISTRATIVE HEARING PROCEDURES
Section	
450.1510	Applicability
450.1520	Definitions
450.1530	Filing
450.1540	Form of Documents
450.1550	Computation of Time
450.1560	Appearances
450.1570	Request for Hearing
450.1580	
450.1590	of Hearing
450.1595	Bill of Particulars or Motion for More Definite Statemen
450.1600	Motion and Answer
450.1610	Consolidation and Severance of Matters - Additional
	Parties
450.1620	Intervention
450.1630	Postponement or Continuance of Hearing
450.1640	Authority of Hearing Officer
450.1650	Bias or Disqualification of Hearing Officer
450.1660	Prehearing Conferences
450.1670	Discovery
450.1680	Subpoenas
450.1690	Conduct of Hearing
450.1700	Default
450.1710	Evidence
450.1720	Hostile Witnesses
450.1730	Record of Proceedings
450.1740	Briefs
450.1750	Hearing Officer's Recommendation
450.1760	Order of the Commissioner
450.1770	Rehearings and Reopening of Hearings
450.1790	Costs of Hearing

AUTHORITY: Implementing and authorized by the Residential Mortgage License Act of 1987 (Ill. Rev. Stat. 1991, ch. 17, pars. 2321-1 et seq.) (205 ILCS 635 1-1 et seq.).

new Part adopted by emergency action at 12 Ill. Reg. 3079, effective January 13, 1988, for a maximum of 150 days; Part repealed, New Part adopted at 12 Ill. Reg. 8685, effective May 10, 1988; emergency amendments at 12 Ill. Reg. 9721, effective May 18, 1988, for a maximum of 150 days; adopted at 12 Ill. Reg. 17093, effective October 11, 1988; amended at 13 Ill. Reg. 17056, SOURCE: Filed January 18, 1974; amended at 2 Ill. Reg. 2, p. 1, effective January 16, 1978; codified at 8 Ill. Reg. 4524; amended effective October 20, 1989; amended at 15 Ill. Reg. 8580, effective May 28, 1991; emergency amendments at 16 Ill. Reg. 2915, effective at 9 Ill. Reg. 17393, effective October 24, 1985; Part repealed,

ILLINOIS REGISTER

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS

NOTICE OF ADOPTED AMENDMENTS

February 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 10463, effective June 23, 1992; emergency amendments at 16 maximum of 150 days; amended at 16 Ill. Reg. 20179, effective 1992, for Reg. 12634, effective August 7, 1992August December 9, 1992; amended at 17 Ill. Reg. 3513 1993. March 2,

CAPITALIZATION DENOTES STATUTORY LANGUAGE. VOTE:

DEFINITIONS SUBPART A:

Section 450.135 Document

4

"Document" for purposes of Section 6-2(2) of the Act shall include all business and financial documents and all books and records. function, tax returns, signature cards, writings which engage or provide information to accountants, consultants, or other agents, such as, but not limited to in either type, characteristics, certificates, and submissions for insurance endorsements. do business, authorizations to cations, appli

3513, effective March 2, Source: Added at 17 Ill. Reg.

Section 450.145 First Tier Subsidiary

"First tier subsidiary" as used in Section 1-4 of the Act means a subsidiary the stock of which is directly owned by the parent corporation, without any intervening layer of ownership by another corporation.

, 1993) Source: Added at 17 Ill. Reg. 3513, effective March 2,

Section 450.160 Material

not be limited to, a misstatement or omission of fact which, if it had not been misstated or omitted, would have altered the decision, approval, determination, or finding made by the Commissioner or his or her agent in reliance upon the misstatement or omission. "Material" shall also include a misstatement or omission of fact the Commissioner or his or her agent to act or consider acting pursuant to any of the powers vested in the Commissioner or his or her agents or in the Office of the Commissioner by the Act or the which, if it had not been misstated or omitted, would have caused "Material" as used in Section 6-2(2) of the Act shall include, rules promulgated thereunder.

Added at 17 Ill. Reg. 3513, effective March 2, 1993 1993) Source:

SAVINGS AND LOAN ASSOCIATIONS COMMISSIONER OF

NOTICE OF ADOPTED AMENDMENTS

Other Regulatory Agencies Section 450.165

"Other regulatory agencies" as used in Section 4-2(e) of the Act shall include the United States Department of Housing and Urban securities regulators, and the United States Department of Labor. federal agency having jurisdiction over the licensee, state and federal Development, state insurance commissions, any state or

, 1993) (Sourge: Added at 17 Ill. Reg. 3513, effective March 2,

Section 450.175 Principal Place of Business

Q.F the Act shall mean the principal place of business of the subsidiary's or affiliate's parent bank, which bank must be chartered by the Comptroller of the Currency of the United States. "Principal Place of Business" as used in Section 1-4(d)(1)(ix)

Q

3513 , effective March 2. (Source: Amended at 17 Ill. Reg.

FEES : B SUBPART

Section 450.210 License Investigation Fees

- For each application for a new Residential Mortgage the Commissioner shall receive and there shall to the Commissioner a non-refundable Investigation Fee of \$1,000. paid License, a)
- Mortgage License, the Commissioner shall receive and For each application for renewal of a Residential there shall be paid to the Commissioner a non-refundable Renewal Investigation Fee of \$600. 重
- Notwithstanding any other provision of these Rules, failure to perfect an application, i.e., meet a second request for information within 10 business days of the request, shall automatically require the Commissioner to issue a denial of the application, except that the shall not be limited to, death or incapacitating illness of the preparer, or catastrophic occurrence. Denial applications filed after the denial. Upon submission of ar additional Investigation Fee, an applicant for a new license or renewal may reapply following denial. shown grant An example of good cause may include, affect not Commissioner may upon good cause shall circumstances such extension. pe)

ILLINOIS REGISTER

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS

NOTICE OF ADOPTED AMENDMENTS

, effective March 2, Amended at 17 Ill. Reg. 3513 (Source: 1993)

Section 450.220 License Fees

- has made the findings that a License shall be issued, the t Residential Mortgage License on which the Commissioner of Illinois Commissioner shall receive and there shall be paid Fee the Commissioner, a non-refundable License a new For each Application for an initial \$800\$600. a)
- Commissioner has made the finding that a biennial Renewal License on which the License shall be issued, the Commissioner shall receive refundable License Fee of \$2,600, of which \$800 shall be paid upon the issuance of the license, and the second For each Application for a <u>biennial</u> Renewal Illinois Residential Mortgage License on whi and there shall be paid to the Commissioner \$1,800 one year after license date\$1,000. installment of

Amended at 17 Ill. Reg. 3513 , effective March 2, (Source: 1993)

Section 450.260 Additional Full-Service Office Fees

- The Commissioner shall receive and there shall be paid to the Commissioner an Additional Full-Service Office Fee of \$250 \$150 for each Notice of Intent to Establish an Additional Full-Service Office required by Subpart C of this Part. g
- such fee shall be paid annually upon the initial license anniversary dato, upon approval of the Application for Renewal of a Residential Mortgage Thereafter, License. Q

3513 , effective March 2, Amended at 17 Ill. Reg. (Source: 1993)

SUBPART D: OPERATIONS AND SUPERVISION

450.410 Net Worth Section

Except as provided in subsection (c) of this Section, each licensee shall maintain a minimum net worth of \$100,000. Amount. 0

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS

NOTICE OF ADOPTED AMENDMENTS

- Net worth shall be defined as total assets minus total liabilities, except that total assets shall not include the following: Calculation. Q
- That portion of a licensee's assets pledged to secure obligations of any person or entity other than that of the mortgagee; 1)
- first mortgages from related companies) construction loans receivable, having stockholders or officers (except secured by asset from interest; Any due 2)
- except for any shares of Federal National Mortgage That portion of any marketable security (listed or unlisted) not shown at the lower of cost or market, servicing agreement which shall be carried at cost; under required to be held Association stock 3)
- Any real estate held for sale or investment where development will not start within two (2) years from date of acquisition; 4
- or construction loans, or foreclosed property acquired foreclosure, amount in excess of the lower of the cost in mortgages through foreclosures; of value market 2
- advances to joint ventures, subsidiaries, affiliates, and selected companies which is greater Any amount shown on the books for investment in and than the value of said assets at equity; (9
- Goodwill or value placed on insurance renewals or contract renewals or other management similar intangibles; property 7
- Organization costs; 8
- the lesser of the expected life of the asset or the remaining term of the lease; Any leasehold improvements not being amortized over 6
- are not recoverable through the closing or selling of loans; and paid which Commitment fees 10)
- The value of any servicing contracts not determined in accordance with Financial Accounting Standards 11)

ILLINOIS REGISTER

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS

NOTICE OF ADOPTED AMENDMENTS

65 and Financial Accounting Standards Board Technical Bulletin 87-3; and-Statement No.

- or may be undermined and how including the asset Commissioner's finding that including the asset undermines or may undermine, in whole or in part, any purpose of the report or finding made under this paragraph shall, Any asset may be excluded from the calculation of in writing, identify which of the Act's purposes Act, as identified at Section 1-2 of the Act. licensee's net worth upon the results in such effect. 12)
- the Guide for Audits of HUD Approved Nonsupervised Mortgagees which engages solely in loan brokering as defined in Section 1-4(0) of the Act, may be excepted from complying Housing and Urban Development, as set forth in The Audit with the net worth requirements of this Section provided Commissioner of such licensee's conformance with the net Upon written approval of the Commissioner, a licensee, condition, worth requirements of the United States Department grant such exceptions Accountants. evidence Commissioner shall consider the financial experience and background of such licensee. licensee provides written Independent Public whether to þy determining Use such Û

March 2, _, effective . Source: Amended at 17 Ill. Reg. 3513 1993)

Section 450.425 Examination Frequency

- As part of each regularly scheduled examination the Commissioner shall evaluate and rate licensees, for purposes of scheduling the next regular examination, Commissioner shall evaluate and rate accordance with uniform rating factors. a)
- Composite ratings shall include but not be limited to: 9
- Such licensees evidence strong financial condition and in this group had no the examination; findings or comments were of a minor nature. Licensees during management skills. violations noted Composite "1". 1
- group had Composite "2". Licensees in this group had violations noted which are correctable in the normal Licensees in this course of business. 11211. 2)

NOTICE OF ADOPTED AMENDMENTS

- Licensees in this category exhibit weaknesses which give cause for remedial action to operational financial correct the weaknesses. compliance, Composite "3", 3
- in this group have Licensees and decisive compliance violation(s) which are not addressed or resolved by the licensee. Li urgent Licensees category require corrective measures. Composite this I. 4)
- to: ability to demonstrate net worth, failure to procure fraudulent application for licensure, and being or uncorrected support required bond(s), fraudulent mortgage practices, disciplinary limited This category is reserved or revocation. 40 pe but not enough requlators deficiency(s) suspension, include, critical enforcement actions. other licensees with conservatorship, examples might 11511 violations Composite subject 2
- be examined at least once every 36 months. Licensees Pursuant to Section 4-2 of the Act, all licensees shall shall have a frequency of regular examinations at least as follows C

Frequency of Examination At least once every Rating

				monitoring	remedial action
36 months	30 months	24 months	12 months	Continual	immediate
	2	2	4	വ	

for

- accordance with subsection (b) above, the Commissioner licensee assigned rating Notwithstanding the g
- examine on a more frequent basis pursuant to Section of the Act; and 4.2(a)
- To upon evidence activity that would prompt a different rating. composite rating change 2)

Added at 17 Ill. Reg. 3513, effective March 2, , 1993) (Source:

ILLINOIS REGISTER

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS

NOTICE OF ADOPTED AMENDMENTS

SUBPART H: ADVERTISING

Requirements Section 450.940

Any advertisement appearing in Illinois by a licensee regarding residential mortgage loans, whether via electronic or print media, including mailings to individual potential residential mortgage loan customers, shall include:

- which shall conform to a name and address on record with the such licensee, Of The name and an office address Commissioner; (p
- Licensee", Mortgage The words, "Illinois Residential Mortgag which shall be clear and conspicuous...; and "Illinois q
- In the case of a licensee who only brokers as defined in the Act, a clear and conspicuous statement indicating that the licensee does not make loans and that actual funds are provided by another entity, which entity may affect availability of funds. 0

effective March ?. Amended at 17 111. Reg. 3513, (Source: 1993)

SUBPART I: LOAN BROKERAGE PRACTICES

Section 450.1020 Loan Brokerage Disclosure Statement

Before the borrower signs a loan brokerage agreement or gives the licensee any consideration, whichever comes first, the licensee shall give the borrower a written disclosure statement; and shall obtain the customer's signature on a duplicate of the disclosure statement near clear and conspicuous wording indicating that the customer has read and understands the disclosure statement or has had the contents explained to him or her by someone not connected The disclosure statement shall prominently display the following material, in the order presented: with the licensee.

- In the case of a licensee who only brokers as defined in the Act, a clear and conspicuous statement that: (a)
- the licensee does not make loans, and 7
- entity may affect availability of funds; actual funds are provided by another 3
- name under which the entity is licensed under the The ba)

NOTICE OF ADOPTED AMENDMENTS

Act, any other name(s) under which the licensee has engaged in activities regulated by the Act, even if not licensed by the current or predecessor Act, during the preceding ten (10) years and, if applicable, the name of the parent or affiliated company;

- Cb) Whether the licensee does business as an individual, partnership, association, corporation or any other organization form;
- de) If the licensee brokers loans to only one entity, disclosure of that fact.

(Source: Amended at 17 Ill. Reg. 3513, effective March 2, 1993)

SUBPART L: COMMITMENT AND CLOSING PRACTICES

Section 450.1335 Fees and Charges Prior to Closing

- a) A licensee shall not require a borrower to pay any fees or charges prior to the loan closing, except:
- Charges to be incurred by the licensee on behalf of the borrower for services from third parties necessary to process the application, such as for credit reports and appraisals; and
- 2) A Rate-Lock Fee, provided:
- A) A Rate-Lock Fee Agreement is in writing and signed by both the licensee and prospective borrower;
- B) The Rate-Lock Fee Agreement shall state all of the following:
- The expiration date of the Rate-Lock Fee Agreement,
- ii) The amount of the loan,
- iii) The maximum interest rate of the loan,
- iv) The term of the loan, and
- v) The maximum discount (points) to be paid;

ILLINOIS REGISTER

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS

NOTICE OF ADOPTED AMENDMENTS

- C) The licensee is able to demonstrate to the Commissioner that
- The licensee is able to perform under the terms of the Rate-Lock Fee Agreement; and ii) Subject to verification, the information submitted by the borrower indicates that the loan will be approved in accordance
- D) Such fee does not exceed one per cent (1%) of the loan amount; and

with the Rate-Lock Fee Agreement;

- E) The Rate-Lock Fee is deposited in escrow with the licensee in accordance with the requirements of Section 450.440 of this Part, for the following distribution:
- i) The Rate-Lock Fee is credited to the borrower at closing; or
- Rate-Lock Fee Agreement, except that the loan does not close in accordance with the demonstrate to the Commissioner any of the the loan application; the borrower has made a material misrepresentation on the loan application; the borrower has failed to provide documentation necessary to the The Rate-Lock Fee must be refunded if the following reasons: the borrower withdraws processing or closing of the loan; or the borrower exercises his or her option to rescind the loan within 3 business days licensee upon the licensee's ability Rate-Lock Fee may be retained by after closing. <u>1</u>11)
- iii) When the Rate-Lock Fee is to be retained, the licensee shall, ten (10) days prior to taking possession of the fee, send a written notice to the borrower stating the reason for retaining the fee.
- 3) A licensee may charge a borrower an assumption fee for a Federal Housing Administration (FHA) or Department of Veterans Affairs (VA) loan assumption, which, by regulation, requires full credit approval

COMMISSIONER OF SAVINGS AND LOAN ASSOCIATIONS

NOTICE OF ADOPTED AMENDMENTS

prior to closing if:

- The applicant must qualify for the extension credit as required under: A)
- given on property in Illinois which are mortgages Housing or after December 15, 1989 requiring prior credit approval of the Secretary of Housing and Administration and dated on The terms and conditions of Federal the Urban Development. ρλ insured j.
- property located in Illinois Department of Veterans Affairs (VA) dated on or after March 1, 1988 and requiring approval of VA or its authorized agent. The terms and conditions of mortgages by the guaranteed are given on which 11)
- Assumption fee must be credited to the borrower at closing, or must be refunded if the Assumption Fee may be retained by the licensee, loan does not close in accordance with that Fee Agreement, except Assumption B)
- loan the withdraws borrower application; The
- misrepresentation on the loan application; material Q made has borrower The ii)
- provide documentation necessary to the processing to failed or closing of the loan. The borrower has iii)
- For each violation of this section, the Commissioner may a licensee up to \$500 in addition to all other authorized under the Act and this Part. fine Q

Amended at 17 Ill. Reg. 3513, effective March (Source:

ILLINOIS REGISTER

3530 6.0

DEPARTMENT OF TRANSPORTATION NOTICE OF ADOPTED AMENDMENTS

- Minimum Safety Standards for Construction of Type I School Buses 1) Heading of Part:
- 92 Ill. Adm. Code 440 2) Code Citation:
- 3) Section Numbers:

440.520

Amend

Adopted Action:

- 4) <u>Statutory Authority</u>: Ill. Rev. Stat. 1991, ch. 95 1/2, par. 12-812 (625 ILCS 5/12-812)
- March 2, 1993 Effective date of rules: 2)
- 6) Does this rulemaking contain an automatic repeal date?
- 7) Does this amendment contain incorporations by reference?
- 8) Date filed in agency's principal office: March 1, 1993
- 9) Notice of proposal published in Illinois Register

October 16, 1992, 16 Ill. Reg. 15835

- 10) Has JCAR issued a Statement of Objections to these rules?
- 11) Differences between proposal and final version:

in agreement with JCAR and the Code The following changes were made Division:

the statutory language in the opening paragraph. The corrections are: "155 MM" revised to "152 MM," and, "(Sections 15-102 and 15-106)" revised to "(Section 15-102 and 15-107)." In Section 440.520, the Department corrected typographical errors in

the Illinois Register has been of The volume issue number "17" inserted in the Source notes.

"inches" word the been changed to has inches throughout the Part. for symbol

The Department corrected technical errors in Section 440.520(g)(2).

proposed version of Section 440.520(g)(2), second sentence, and is the phrase "containing fuel" had been inadvertently omitted in included in this adopted version.

NOTICE OF ADOPTED AMENDMENTS

In Section 440.520(h), the Department corrected the reference to Section 440.420(w)(1) of this Part.

Technical corrections were made in Section 440.520(i)(4) and (u).

Technical corrections were made to Section 440.520(j)(1).

"(I)ndications" was changed to "indication" in Section 440.520(k)(1).

Technical corrections were made to Section 440.520(u).

2) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements letter issued by JCAR? Yes.

13) Will this rule replace an Emergency Rule currently in effect? No

14) Are there any amendments pending on this Part? No

Use Summary and purpose of rules: By this Notice of Adopted Amendments, the Department is changing a manufacturing requirement for diesel powered school buses. The new language requires that any insulated wire, flammable material, brake hose or fuel system component that is located within 4 inches (101.6 mm) of an exhaust system component be shielded. Prior to this rulemaking, shielding was required if the above-mentioned components were located within 11.8 inches (300 mm) of any exhaust system component.

This amendment was initiated by the Department after industry advised the Department that diesel fuel should not be regulated the same as other fuels. Since diesel fuel is classified as a combustible rather than a flammable fuel, the 12 inch distance requirement for shielding currently in the rule is excessive. The Department agreed to change the requirement. In addition, changes were made to correct a few technical mistakes made the last time this Part was amended.

16) Information and questions regarding these adopted rules shall be directed to:

Ms. Catherine Allen
Regulations Unit
Department of Transportation
Division of Traffic Safety
P. O. Box 19212
Springfield, Illinois 62974-9212
(217) 785-3064

The full text of the Adopted Amendments begins on the next page:

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 92: TRANSPORTATION CHAPTER I: DEPARTMENT OF TRANSPORTATION SUBCHAPTER e: TRAFFIC SAFETY (EXCEPT HAZARDOUS MATERIALS)

PART 440 MINIMUM SAFETY STANDARDS FOR CONSTRUCTION OF TYPE I SCHOOL BUSES

SUBPART A: INTRODUCTION

	Order	Guidelines	Responsibilities
Section	440.10	440.20	440.30

SUBPART B: GENERAL

Section 440.110 Purpose 440.120 Scope 440.130 Applicability 440.140 Effective Date 440.150 Quantified Requirements
--

SUBPART C: DEFINITIONS

	Used	Definitions	efinitions
	Dictionary Used	Federal Def	State Defin
Section	440.205	440.210	440.220

SUBPART D: CERTIFICATION

	Certification by Manufacturer	Federal Standards	State Standards	
Section	440.305	440,310	440.320	

SUBPART E: BODY REQUIREMENTS

	Conformance to the Requirements	Federal Requirements	State Requirements	
Section	440,405	440.410	440.420	

SUBPART F: CHASSIS REQUIREMENTS

NOTICE OF ADOPTED AMENDMENTS

	irements			
	Conformance to the Requirements	Federal Requirements	State Requirements	
Section	440.505		440.520	

Hexagon Shaped Stop Signal Arm	Octagon Shaped Stop Signal Arm	ederal Motor Vehicle Safety Standards (FMVSS) and Related	Regulations	First Aid Kit Requirements (Referred to in Section	440,420(k))	Specification Sheet Reflective Material Encapsulated	Lens (Based on FHWA Notice N 5040.17, June 15, 1976)
A		Ľ.	~	با	4	S	
440.ILLUSTRATION A	440.ILLUSTRATION B	440.APPENDIX A		440.APPENDIX B		440.APPENDIX C	

AUTHORITY: Implementing Article VIII and authorized by Section 12-812 of the Illinois Vehicle Code (Ill. Rev. Stat. 199189, ch. 95 1/2, pars. 12-800 through 12-820). SOURCE: Filed June 20, 1977; amended at 6 III. Reg. 7147, effective June 2, 1982; codified at 8 III. Reg. 15502; amended at 11 III. Reg. 15947, effective September 21, 1987; amended at 12 III. Reg. 8463, effective May 3, 1988; amended at 16 III. Reg. 1655, effective January 14, 1992; amended at 17 III. 3530, effective March 2, 1993 Reg.

Capitalization denotes statutory language.

Section 440.520 State Requirements

EXCEPT FOR MIRRORS, WHICH MAY PROJECT 152 MM (6 INCHES), A SCHOOL BUS SHALL NOT EXCEED 2.625 M (8 FEET) IN WIDTH, 4.429 M (13 FEET 6 INCHES) IN HEIGHT, NOR 13.78 M (42 FEET) IN LENGTH (Sections 15-102 and 15-107, of the #W6 Illinois Vehicle Code (the Code) (III. Rev. Stat. 1991, ch. 95 1/2, pars. 15-102 and 15-107)). Exceptions to the above are shown in Section 440.420; -above of this Part. Various portions of the bus chassis shall conform to the requirements set forth under the following paragraphs. Exceptions to the above are shown in Section

5

- The engine combustion air engine combustion air shall pass through a dry type air cleaner Air Cleaner. Unless otherwise specified by the purchaser, the equipped with a pleated paper dry element. The dry type air cleaner shall be manufactured so as to allow use of separate cleaner shall be mounted outside the passenger compartment. pleated paper dry replacement elements.
- See Section 440.420(b) of this Part. Battery.
- Bumper, Front. The front bumper shall be of channel type cross section, shall be formed from rolled steel at least $4.5~\mathrm{mm}$ 0

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

another vehicle of equal gross weight without permanent distortion. outer edges of the fenders, or the body of a forward control bus. The bumper shall be of sufficient strength to permit pushing (7.9" inches) vertical face, and shall extend to protect the .177" inches) thick, shall have not less than a 200 mm

- incomplete vehicle manufacturer for heavy duty service between the equipped with the type and size of clutch recommended by the Clutch. A bus having a manual shift transmission shall be engine and transmission installed in the bus. P
- See Section 440.420(g) of this Part. Color and Paint. ()
- Drive Shaft. A suitable guard shall be provided for each segment of the drive shaft to prevent accident or injury if the shaft breaks or becomes disconnected. (J
- gasket, connector, clamp, hanger, support, muffler, chamber, pipe, tube or other component used to conduct products of combustion Exhaust System. The term "exhaust system" includes each manifold, from each engine exhaust port to the most remote point at which such products are discharged into the atmosphere. 6
- The exhaust system shall be outside the passenger and driver compartments. It shall be securely attached to the chassis, and engine movements. Each gas conducting component that is corrosion resistant exhaust system material and shall be nonflexible. The complete exhaust system shall be tightly with provisions for accommodating expansion, contraction, not of stainless steel shall be of commercial heat and connected and without a leak or outlet other than the opening at discharge end.
- from a nearby pedestrian or cyclist, except at the discharge end, and shall be shielded as necessary to prevent "hitching System component containing fuel that is located within The exhaust system shall be thermally insulated or shielded thermal insulation, heat baffle, or other shield capable of required if the insulated wire, flammable material, brake hose or fuel system component is within 101.6 mm (4 inches) petroleum gas or compressed natural gas) powered engines, any linsulated wire, flammable material, brake hose, or which conducts products of combustion shall be protected escaping from a deteriorated exhaust system. For diesel powered engines, the above mentioned shielding is only ". For gasoline and alternate fuel (e.g., liquid 300 mm (11.8" inches) of an exhaust system component protecting from the impingement of hot exhaust gases

NOTICE OF ADOPTED AMENDMENTS

exhaust manifold and brake, electric, or fuel system, shall inside the engine compartment the chassis manufacturer's standard governing the distance, or shielding, between requirements apply to diesel powered engines. However, of an exhaust system component. All other shielding

body. The exhaust system shall not extend beyond a side rub The discharge shall not significantly impinge upon any part of the bus when the bus is stationary in calm air and so as to minimize such The discharge end, or ends, of the exhaust system shall be impingement when the bus is moving. The discharge shall n be directed toward any door or other opening into the bus rail, nor beyond the rear bumper. It shall not provide a The discharge shall be directed so as not to within 25 mm (1" inch) of the side, rear, or rear corner step or opening for a small foot to stand on or in. of the bus.

3)

- A side discharge opening shall be located behind the driver compartment on the left and 1 m (39.4" inches) or more from any type of service entrance on the right. A
- The distance rearward from a side discharge opening to a fuel tank or other fuel containing component, or to the transverse plane through the front edge of either However, a fuel containing component may be closer if a side emergency door or a side body ventilating air intake, shall be 1 m (39.4" inches) or more. shielding effective in preventing heating of fuel is installed. 3
- or the transverse plane containing the rear vertical edge of a side emergency door, or the longitudinal plane containing any vertical edge of a rear emergency door, shall be 150 mm (5.9" inches) or more. A The distance between a discharge opening and a tire, discharge opening shall not be located between the containing the vertical edges of the closed door. planes perpendicular to an emergency door and 0
- ø Each location or distance certified in relation to door shall apply to the closed door in its normal (travel) position. <u>a</u>
- Frame. See Section 440.420(w)(1) of this Part. <u>_</u>
- Generating System. The generating system may utilize either mechanical rectification (commutator type) or diode rectification (alternator type). -

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

- The generator output shall be regulated automatically so as to provide for efficient battery charging without causing prevent battery discharge through the generator while the damaging potentials or currents in any part of the electrical system. Automatic means shall be provided generator is not delivering current. _
- The generator in a nominal 12 volt system shall be able to deliver a continuous current of 60 amperes, or more, while than the speed at which it delivers its maximum net torque functioning properly and the engine is running no faster its automatic regulating devices are connected and at the engine flywheel. 5
- The generator in a nominal 12 volt system shall be able to deliver a continuous current of $20\ \mathrm{amperes}$, or more, while its automatic regulating devices are connected and functioning properly and the engine is running no faster than the curb idle speed recommended by the engine manufacturer. 3
- Where a bus must operate under adverse conditions such as low engine speeds, frequent periods of engine idle, and or prolonged periods of time, the purchaser should specify a The generator in a nominal voltage system higher or lower Sections 440.520(i)(2) and Section 440.520(i)(3) of this Part, at the engine speeds indicated therein. NoteOTE: than 12 volts shall be able to deliver at least the same continuous power (watts) as indicated under subsection arger generator commensurate with operating conditions. with high electrical load (frequent use of signals and interior lamps, high heater defroster loads, etc.) for 4)

Horn(s). ()

- EQUIPPED WITH A HORN IN GOOD WORKING ORDER AND CAPABLE OF EMITTING SOUND AUDIBLE UNDER NORMAL CONDITIONS FROM A DISTANCE OF NOT LESS THAN 200 FEET, BUT NO HORN OR OTHER WARNING DEVICE SHALL EMIT AN UNREASONABLE LOUD OR HARSH EVERY MOTOR VEHICLE WHEN OPERATED UPON A HIGHWAY SHALL BE WHEN REASONABLY NECESSARY TO INSURE SAFE OPERATION GIVE AUDIBLE WARNING WITH HIS HORN BUT SHALL NOT OTHERWISE USE SOUND OR A WHISTLE. THE DRIVER OF A MOTOR VEHICLE SHALL WHEN REASONABLY NECESSARY TO INSURE SAFE OPERATION GIVE SUCH HORN WHEN UPON A HIGHWAY. (Section 12-601(a); of the 1¥6 Code)+ 7
- At least one horn shall be installed so as to conform to subsection Section-440-520(j)(1). The horn(s) shall be controlled conveniently by the seated driver.

2)

NOTICE OF ADOPTED AMENDMENTS

- A SIREN, WHISTLE, OR BELL MAY NOT BE INSTALLED TO ATTRACT ATTENTION OF PEDESTRIANS OR DRIVERS OUTSIDE THE BUS (Section be interpreted to prohibit use of such device(s) inside the 12-601(b), of the IVG Code). This prohibition shall not bus body to provided waring(s) to the bus driver. 3
- following nonglare illuminated instruments and gauges mounted for easy maintenance and repair and in such a manner that each is The bus shall be equipped with at least the clearly visible to the seated driver: Instruments. $\widehat{\mathcal{L}}$
- provisions for 100 ampere, or more, continuous current indication, and arranged so as to remain unharmed by any ammeter current flow resulting from the installed generator Ammeter, with "charge" and "discharge" indications, operating at its maximum output;
- Air Pressure or Vacuum (where air pressure or vacuum is utilized either to apply or to assist in applying the service brakes); Gauge. 5
- Gauge, Engine Coolant Temperature; 3
- Gauge, Engine Oil Pressure; 4)
- Gauge, Fuel; 2
- kilometers traveled if such indication is shown, clearly and Odometer (may be combined with speedometer; may indicate conspicuously); (9
- Speedometer, with both miles per hour and kilometers per hour scales that are easily readable. 7
- See Section 440.420(r) of this Part. Lamps and Signals.
- specify additional "full flow" or "by-pass" type filter(s), or oil Oil Filer. A "full flow" type engine oil filter of approximately lliter (1 quart) capacity shall be installed. The purchaser may treatment device(s). Ê
- Two front and two rear double-acting shock absorbers of adequate capacity shall be installed. Shock Absorbers. <u>-</u>
- Spare Tire (Optional). The spare tire and rim, if supplied, shall tire and rim installed on the bus. Each spare tire and rim shall be of the same size designation and load rating as the largest be suitably mounted in an accessible location outside the passenger compartment. 0

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

a

- o f Each spring and other component in any of the rated gross axle weight during normal operations. Where spring failure could result in total loss of control of the bus, suitable means shall be provided to make such total loss most the suspension systems shall be capable of supporting its share Springs and Suspension. unlikely.
- Steering Mechanism. Power steering is optional. The steering mechanism(s) shall provide safe and accurate performance at maximum load and speed and shall be adjustable while installed on modified unless such modification is done with the concurrence of the incomplete vehicle manufacturer and in accordance with the incomplete vehicle, the steering mechanism(s) shall not be the completed bus. After the date of manufacture of the incomplete vehicle manufacturer's instructions. 6
- fastened securely to the chassis frame shall be connected to the Each front tow hook not Tow Hooks, Front (Optional). A front tow hook may not extend beyond the front of the front bumper. frame by suitable braces. 2
- Transmission. Unless otherwise specified by the purchaser, the transmission shall be manual-shift. S
- forward gear ratios and I reverse gear ratio. A synchromesh shifting mechanism shall be provided for each forward gear 0 A manual-shift transmission shall provide not less than 4 ratio except for the highest ratio; i.e., "first gear" "low gear." (Synchromesh may be specified for "first" reverse" gears at the purchaser's option.)
- purchaser. Such transmission shall provide not less than 3 An automatic transmission may be specified by the forward gear ratios and I reverse gear ratio. 5
- Undercoating. The entire underside of front fenders or wheel wells shall be coated with a fire-resistant undercoating material in order to seal joints and to reduce corrosion and noise. Nonmetallic components need not be coated. () ()

7

Weight/Power Limitation. The ratio of the bus gross vehicle weight rating (GVWR) to the certified and published maximum net brake power rating of the bus engine shall not exceed 1.8 newtons ratio will provide for higher speeds on grades than the 400 lb/hp ratio proposed in the U.S. Government publication "House Document per watt (300 pounds per horsepower) at the maximum engine speed operation in school bus service. NoteOTE: This weight/power 'rpm) recommended by the engine manufacturer for full power

NOTICE OF ADOPTED AMENDMENTS

354," August 1964, (pages 26 & 37) to assure 20 miles per hour while climbing a 3 percent grade. A purchaser who needs a bus with relatively "snappy performance" or a bus capable of maintaining relatively high speeds on relatively steep grades in rural operations should purchase a bus with a lower weight/power ratio commensurate with operating necessities.

Wiring. See Section 440.420(rr) of this Part. >

Amended at 17 Ill. Reg. 3530 , effective March 2, 1993 (Source:

ILLINOIS REGISTER

NOTICE OF ADOPTED AMENDMENTS DEPARTMENT OF TRANSPORTATION

Minimum Safety Standards for Construction of Type II 1) Heading of Part:

2) Code Citation: 92 Ill. Adm. Code 442

3) Section Numbers:

Amend

Adopted Action:

442.435

Statutory Authority: Ill. Rev. Stat. 1991, ch. 95 1/2, par. 12-812 (625 ILCS 5/12-812)

March 2, 1993 5) Effective date of rules: 9 6) Does this rulemaking contain an automatic repeal date? Š 7) Does this amendment contain incorporations by reference?

8) Date filed in agency's principal office: March 1, 1993

9) Notice of proposal published in Illinois Register:

October 16, 1992, 16 Ill. Reg. 15845

10) Has JCAR issued a Statement of Objections to these rules?

11) Differences between proposal and final version:

Code The following changes were made in agreement with JCAR and the Division:

to the word "inches" in The symbol for inches has been changed Sections 442.435(b) and (c).

The volume number of the Illinois Register has been updated.

Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements letter issued by JCAR?

Will this rule replace an Emergency Rule currently in effect?

13)

Ş

14) Are there any amendments pending on this Part? No

Summary and purpose of rules: By this Notice of Adopted Amendments, the Department is changing a manufacturing requirement for diesel powered The new language requires that any insulated wire, school buses.

Prior to this rulemaking, shielding was required if the above-mentioned components were located within 11.8 inches (300 mm) of any exhaust system flammable material, brake hose or fuel system component that is located within 4 inches (101.6 mm) of an exhaust system component be shielded.

This amendment was initiated by the Department after industry advised the fuels. Since diesel fuel is classified as a combustible rather than a flammable fuel, the 12 inch distance requirement for shielding currently in the rule is excessive. The Department agreed to change the Department that diesel fuel should not be regulated the same as other In addition, changes were made to correct a few technical mistakes made the last time this Part was amended. requirement.

16) Information and questions regarding these adopted rules shall be directed

Springfield, Illinois 62974-9212 (217) 785-3064 Department of Transportation Division of Traffic Safety Ms. Catherine Allen Regulations Unit P. O. Box 19212

The full text of the Adopted Amendments begins on the next page:

ILLINOIS REGISTER

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 92: TRANSPORTATION
CHAPTER I: DEPARTMENT OF TRANSPORTATION

SUBCHAPTER e: TRAFFIC SAFETY (EXCEPT HAZARDOUS MATERIALS)

MINIMUM SAFETY STANDARDS FOR CONSTRUCTION OF TYPE II SCHOOL BUSES

SUBPART A: GENERAL

Federal Requirements Definitions Scope 442.120 442.110

Section

SUBPART B: CONSTRUCTION OF BODY

Stanchion Guard Panel or Barrier Guard ool Compartment (Purchaser's Option) Emergency Exits and Door Alarms Body Structure Ceiling and Side Walls Windshield Wipers Windshield Washer Seating Service Entrance Stop Signal Arm dentification Floor Covering Window Opening Undercoating Ventilation Windshield Defrosters Seat Belts Rub Rails Sun Visor Glazing Mirrors Heater Aisle Doors 442.240 250 442.265 Section 442,205 442.210 442.220 442,235 255 442,260 442.280 442.285 290 305 442. 442. 442. 442. 442. 442. 442. 442

SUBPART C: CHASSIS REQUIREMENTS

Air Cleaner

Section 442.405

NOTICE OF ADOPTED AMENDMENTS

		and Rear		
Axles	Brakes	, Front	Drive Shaft	Engine
442.410	442,415	442.420	442.425	442 430

Exhaust System and Muffler rame

442.435 442.440 442.445

Heater Connections Fuel Tank Horn

Instruments Oil Filter (gnition

Shock Absorbers Steering Gear Springs 442.459 442.455 442.460 442.465 442.470 442.470 442.475 442.485 442.485 442.485

Tires and Wheels ransmissions SUBPART D: ELECTRICAL SYSTEMS REQUIREMENTS

Battery Section 442.605

Lamps, Reflectors, and Signals Generator and Alternator 442.610 442.615 442.620

Wiring

SUBPART E: EQUIPMENT REQUIREMENTS

Fire Extinguishers (Purchaser's Option) Section 442.705 442.710 442.715

First-Aid Kit (Purchaser's Option) Warning Devices for Disabled Vehicle (Purchaser's Option)

Hexagon Shaped Stop Signal Arm Federal Motor Vehicle Safety Standards (FMVSS) and 442.APPENDIX A

Encapsulated Lens (Based on FHWA Notice N 5040.17, Specification Sheet for Reflective Material June 15, 1976)(Repealed) Sheeting and Tape, Reflective: Related Rules 442.APPENDIX C

Nonexposed Lens

AUTHORITY: Implementing Article VIII of Chapter 12 of, and authorized by Section 12-812 of, the Illinois Vehicle Code (III. Rev. Stat. 199189, ch. 95 1/2, pars. 12-800 through 12-820).

Octagon Shaped Stop Signal Arm

442.APPENDIX D

ILLINOIS REGISTER

3544

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENTS

SOURCE: Adopted at 2 III Reg. 45, p.115, effective November 10, 1978; codified at 8 III. Reg. 15002; amended at 8 III. Reg. 15505, effective August 10, 1984; amended 12 III. Reg. 4220, effective February 9, 1988; amended at 16 III. Reg. effective January 14, 1992; amended at 17 III. Reg. 3549 March 2, 1993 effective

NOTE: Capitalization denotes statutory language.

Section 442.435 Exhaust System and Muffler

- The exhaust pipe, muffler, and tail pipe shall be outside the bus body and attached to the chassis. a)
- The exhaust system shall be insulated from the fuel tank and tank connections by a securely attached metal shield at any point where it is 12" inches or less (four inches or less if diesel powered engine) from the tank or tank connections. 9
- No part of the exhaust system shall pass within 12" inches (four inches if diesel powered engine) of any flexible brake line or hose unless shielded. ()
- The tail pipe shall be extended, if necessary, to exit the exhaust gases either to the right or left side, behind well, or at the rear bumper. p

, effective March 2, 1993 3540 Amended at 17 Ill. Reg. (Source:

DEPARTMENT OF REVENUE

NOTICE OF CORRECTIONS TO PROPOSED AMENDMENTS

- Heading of the Part: Board of Appeals
- Code Citation: 86 III. Adm. Code 210 7
- Illinois Register citation to Notice of Proposed Amendments: 3
- 17 Ill. Reg. 2718; Issue #10, March 5, 1993
- 210.115Section being corrected: 4
- Correction being made: When this rulemaking was proposed, a portion of new subsection 210.115(c) was omitted. This new subsection should 2

In considering taxpayer's proposal to pay a sum certain, the Board may examine taxpayer's financial situation and likelihood of future earnings as well as the likelihood of collection of the amount due by the Department. The full text of the corrected proposed amendment begins on the next

ILLINOIS REGISTER

3546 93

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

TITLE 86: REVENUE CHAPTER I: DEPARTMENT OF REVENUE

PART 210 BOARD OF APPEALS

Filing of Written Petition

Waiver of Penalty and Interest Departmental Controversies Decisions of the Board Denial bBy Lapse of Time Offers In Compromise Voluntary Disclosure Recommendations Hearings 210.101 210.110 210.115 210.120 210.125 210.126 210.130 210.135

AUTHORITY: Implementing and authorized by Section 39b20, 39c and 39c-4 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, pars. 39b20, 39c and 39c-4, as amended by P.A. 87-1246) [20 ILCS 2505/39b20, 2505/39c and 2505/39c-4].

SOURCE: Adopted at 5 III. Reg. 5348, effective April 30, 1981; codified at 6 III. Reg. 801, effective January 5, 1982; amended at 13 III. Reg. 6782, effective April 12, 1989; amended at 13 III. Reg. 6782, effective April 12, 1989; emergency amendments at 17 III. Reg. 665, effective January 1, 1993, for a at of 150 days; amended maximum

Section 210.101 Filing of Written Petition

filing of a written petition. Except as provided in Section Sections 210.126 and 210.130, no petition shall be filed prior to the time not more than 180 easys-after a notice of deficiency or notice of tax liability has become final. A notice of deficiency or notice of tax liability is final when all administrative or the time for the taking thereof has expired without such proceedings being instituted. The petition shall be tiled in a form prescribed by the Board and shall identify the taxpayer, briefly state the facts of the case, specify the relief A review before the Board of Appeals (Board) shall be commenced by the hearings and proceedings in court to review such assessment have terminated A memorandum of law may No other pleading shall be filed. requested and the reasons therefor.

Ë Amended at

Section 210.105 Hearings

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

Ιŧ	B	A y	,
the Board informally.	be grounds for relief,	r, or the full Board may	
by 1	to	fember,	
pau	the facts alleged	Mei	
rmir	s all	Soard	
dete	fact	a Be	
be	the	er,	
il matter may be	dole	officer	
tter	deve	earing)
ma	ately	hea	
nt factual	adequat	bý a	,
int	0	ring)
elevani	ary t	hea	7
y r	cess	FFFF	held
An	ne	to to	be

effective
Reg.
Ξ.
at
Amended
(Source:

Recommendations Section 210.110

of be recommended to the Director except by affirmative vote Board Members. may No relief at least 2

effective
Ì
Reg.
$\ddot{\equiv}$
at
Amended
Source:

Offers in Compromise Section 210.115

- A petition in the nature of an offer in compromise may be filed by the taxpayer. The only grounds for relief that may be propounded is uncertainty as to collectibility. No such petition may be filed prior to an assessment of tax liability becoming final. a)
- "An offer in compromise" is defined as a proposal by taxpayer to pay a sum certain in full satisfaction to taxpayer's unpaid amount of tax (including penalty and interest). 9
- In considering taxpayer's proposal to pay a sum certain, the Board may examine taxpayer's financial situation and the likelihood of future earnings as well as the likelihood of collection of the amount due by the Department.
 Image: contract to the contract

effective III. Reg. Amended at (Source:

Section 210.120 Waiver of Penalty and Interest

- A petition for abatement of a penalty or interest may be filed only in cases where the Department has no other established procedure of determination of the issue. a)
- The Board may waive penalty or interest only in the following situations: **P**
- A late filing due to Reasonable Cause; or 1
- any Ħ. Unreasonable delays caused by the Department process under the control of the Department; or 5

\propto
[1]
53
0
K
col
-
0
7
-

2748

16

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

- been made to the Department by a person who is actually liable for the A timely payment has been made person other than the person who A timely 3
- Where the Board has taken special jurisdiction over a case pursuant to Section 210.130, or 4
- Where otherwise provided for by statute. 2
- ordinary business care and prudence and to file the return within the prescribed time, the delay is due to a reasonable cause. If the taxpayer exercised ordinary was nevertheless unable to file the Û
- The Board may consider taxpayer's compliance history including previous tax violations with the Department in considering taxpayer's petition for relief based on reasonable cause. ব

effective Ill. Reg. Amended at (Source:

Section 210.125 Denial by Lapse of Time

If no action is taken by the Board and written notice thereof mailed within 69 365 days after the date of filing, the petition is deemed denied.

effective III. Reg. Amended at (Source:

Voluntary Disclosure Section 210.126

- Statutory authority. Section 39c-4 of the Civil Administrative Code of Illinois, as added by P.A. 87-1246, sets forth limitation periods for the assessment of taxes by the Illinois Department of Revenue (Department). In the case of a failure to file a return accordance with this Section, the tax may be assessed no more than 4 years after the original due date of each return required to have been filed (Section 39c-4 of the Civil Administrative Code of Illinois, Ill. Rev. Stat. 1991, ch. 127, par. 39c-4, as added by P.A. 87-1246 [20] law that is voluntarily disclosed to the Department, in व
- Taxpayers must voluntarily come forward and disclose. In order for the statute of limitations to be limited to no more than four years under Illinois law, a taxpayer must voluntarily come forward and disclose its liability to the Board of Appeals. A taxpayer has voluntarily come forward and disclosed its liability to the Board when it has done the following: **a**
- Taxpayer must file an application for voluntary disclosure. Taxpayer must file an application for voluntary disclosure 7

investigation of taxpayer, as those terms are defined in subsection (c)(1), prior to the filing date of taxpayer's Application with the Board. The filing date of taxpayer's y a Board member. A Board member may not Application until the Department has notified the gation of the taxpayer. The Application is not by the Board until it has been approved and Once a Board member has signed Application with the Board is the date the Application Application) in a form prescribed by the Board, prior the date the Department of Revenue has initiated an or investigation of the taxpayer. The Application Application with Board. Once a board received by the Board will furnish taxpayer Department had not initiated an signed by a Board member. or investigation of that the sign the accepted Board

petitioning the Board seeking relief) within thirty days from the Board of Appeals member's Signature Date (Signature A taxpayer who for the period that it maintains it was required to do so under Illinois law. In addition, taxpayer will provide in its maximum) taxpayer is subject to Illinois tax under voluntary disclosure. The Board will notify taxpayer of its decision. The date of notification has received a copy of the executed Application, taxpayer must file Illinois tax returns for the tax being disclosed for the last four years with the Board and pay all tax, penalty and interest (except for those amounts for which taxpayer is d of Appeals member's Signature Date (Signature The Board of Appeals member's Signature Date is liability, including the Taxpayer's determination of its tax liability, including the methodology used by taxpayer, must be documented and in tax for the entire four years shall file returns and pay tax petition to the Board its reasons why it maintains it does Taxpayer will file returns and pay tax for the number of voluntary Faxpayer must file returns and pay liability. Once taxpayer Application. maintains that it was not required to file returns and pay the date shown on the notification sent to the taxpayer period pay any additional liability owed within 60 days from faxpayer will file any additional returns to tour years maximum) the Board Board determine the number of years (up to the four not owe tax for the entire voluntary disclosure taxpayer is subject to tax under The the a manner reviewable by the Department. the Board member signs preceding four years). date of notification to the taxpayer. by the Board (immediately dn) determined disclosure. he date under Date).

Taxpayers, who in addition to seeking the four year statute Faxpayer may file petition with tax returns.

3

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

limitations, are requesting additional relief from the Board, must file a petition within 30 days from the Signature Date in the manner prescribed by Section 210.101. Taxpayers petition with the Board concurrently with their tax returns for the voluntary disclosure period to the address designated by the Board. shall file their

A taxpayer does not Disqualification from voluntary disclosure. qualify for voluntary disclosure if: 0

is established that the Department had, prior to the date taxpayer filed its Application with the Board, initiated an The Department has initiated an audit or investigation. audit or investigation of the taxpayer. 1

The Department has initiated an audit of the taxpayer if, at a minimum: Initiated an audit. A

7

contacted the taxpayer by telephone to schedule an appointment to audit taxpayer for the particular Illinois tax type being disclosed, or Department The Audit Bureau of the

contacted the taxpayer in writing regarding a possible tax liability or a notice of intent to audit for the particular Illinois tax type being The Audit Bureau of the Department disclosed. =

an investigation of a taxpayer if, at a minimum, the Department has opened a criminal investigation file The Investigations and Prosecutions Bureau of the Department has initiated an investigation. on the taxpayer. nitiated B

partnership and all partners of that partnership with respect to the liability from such partnership for Once the Department has initiated an audit or investigation of a partnership or a general partner of the partnership, the Department is deemed have initiated an audit or investigation of the purposes of qualifying for voluntary disclosure. Partnerships. 0

Taxpayer does not file tax returns within thirty days from the Signature Date. Taxpayer does not file returns.

Taxpayer does not pay pt for those amounts penalty and interest (except Taxpayer does not pay tax liability. all tax, penalty and interest (exce 3

NOTICE OF PROPOSED AMENDMENTS DEPARTMENT OF REVENUE

ILLINOIS REGISTER

seeking relief from the Board) within

thirty days from the Signature Date,

.s

taxpayer

which

Taxpayer does not comply with Board Order. Taxpayer does not comply with the Board's Order regarding

4

2

taxpayer's petition seeking relief.

Section 210.130 Departmental Controversies

- Board may review other departmental controversies only: The a)
- is the most efficient and expeditious after a special finding concurred in by the entire Board that manner of resolving the controversy; or the Board action by
- on the order of the Director of Revenue.
- Courts where both the Department's General Counsel and the taxpayer request that the Board take special jurisdiction of the case. Departmental controversies include cases that are currently pending the Department's Administrative Hearings Division or in the п 9

effective III. Reg. Amended at (Source:

9

Taxpayer does not begin prospective compliance. Taxpayer must begin prospective compliance with Illinois tax law as a has begun has made a good This would faith effort to comply with Illinois tax law. This would include prospectively filing all returns that are due, paying the tax liability owed, registering with the Department and Taxpayer prospective compliance when taxpayer has faith effort to comply with Illinois tax law. begin remitting all taxes collected disclosure. voluntary of

with the Department. This includes periods beyond the four-year limitation for which the taxes were collected but not remitted. Failure to remit all taxes (and interest) previously collected for the Illinois tax type being disclosed will disqualify taxpayer from the relief provided under Faxpayer has not remitted all taxes collected for the Illinois collected for all periods by taxpayer for the Illinois tax type being disclosed as part of taxpayer's voluntary disclosure tax type being disclosed as part of voluntary disclosure. taxes (and interest) previously axpayer must remit all Voluntary Disclosure. 9

order to file its petition, tax returns or make payment. Taxpayer may request in writing, before the expiration of any extension, a further extension in order to file its petition, tax returns or make payment. The Board, in its discretion, may grant an additional extension where taxpayer's facts warrant a further extension of Taxpayer may request in writing, before the expiration of the 30-day period, an automatic 60-day extension in time in order to comply with the Board's filing requirements. Extensions.

assess all tax, penalty and interest that is owed by taxpayer. Taxpayer will not qualify for the relief provided under Voluntary Disclosure where the Department finds that taxpayer understated its final tax liability to the Board by 10% or more and taxpayer cannot demonstrate to the Department that a good faith effort The Department retains the right to audit taxpayer and verify accurate reporting. The Department shall retain the right to audit taxpayer for all open years of the voluntary disclosure period and was made to accurately report its liability for the voluntary disclosure period

STATE BOARD OF EDUCATION

NOTICE OF EXPEDITED CORRECTION

Public Schools Evaluation, Recognition and Heading of Part: Supervision

1

- 23 Ill. Adm. Code 1 Code Citation: 2)
- Publication of Rulemaking Requiring Correction: 3
- First Notice

Reg. 8684 June 12, 1992, 16 Ill.

Adoption (q Reg. 18010 16 Ill. 1992, November 30,

JCAR Request for Correction 0 Information and questions regarding this Notice of Expedited Correction shall be directed to: 4)

Illinois State Board of Education Springfield, Illinois 62777 Agency Rules Coordinator 100 North First Street (217) 782-3950 Healy Jon X.

- number of semester hours stated as required with the amount of coursework described in the text of the Section, as Reason Correction is Requested: The correction aligns the intended.
- Effect on the Affected Public:
- The correction makes the Public interest to be served: rule internally consistent. a)
- Will any hardship be created for the public affected? 9
- the corrections known to the public: The State Board will distribute copies of the adopted rules, including the corrected Section, to the affected public. Measures taken and to be taken by the agency to make 0

ILLINOIS REGISTER

STATE BOARD OF EDUCATION

NOTICE OF EXPEDITED CORRECTION

- for the Recommended Date: November 17, 1992, the Effective Date of Correction Recommended by the Agency and Explanation for the Recommended Date: November 17, 1992, the explanation for the Recommended Date: effective date of the adopted rules.
- The full text of the Section, indicating the requested correction, follows: 8

Section 1.736 Requirements to Take Effect on July 1, 1994

The requirements described in this Section shall apply only to personnel employed on or after July 1, 1994.

- Health Education (Grades 9 through 12) (a
- 24 semester hours in the field. 93 7
- one Q for Required Health Education Core Component course from each of the following areas, total of 10-14 semester hours: 2)
- Theories and Concepts of Health (Anatomy and physiology may not be counted in meeting this requirement.) (A
- Programs in School Health B)
- Programs in Community Health ΰ
- Curriculum Development and Evaluation in Health Education
- At least semester hours distributed as follows: Education content -Additional Health 3)
- At least one course in Human Sexuality or Sex Education B
- in Drug/Chemical Use and At least one course Abuse B)
- courses chosen from the following list of electives: At least two
- Health Mental/Emotional
- Environmental Health ([

STATE BOARD OF EDUCATION

- iii) Disease Prevention and Control
- iv) Nutrition and Dietary Patterns
- v) Consumer Health
- vi) Safety and Injury Control
- vii) Personal Health Practices
- b) Physical Education (Grades 9 through 12)
- 1) 24 semester hours in the field
- 2) Knowledge and Skill Acquisition At least one course in each of the following, for a total of at least 6 semester hours:
- A) Health-Related Fitness (e.g., conditioning, aerobic fitness exercise, stress management)
- B) Rhythm and Dance
- C) Individual Sports/Activities
- D) Team Sports
- 3) Scientific Foundations

At least 9 semester hours distributed as follows:

- A) 3 semester hours earned in at least one of the following:
- i) Human Anatomy
- ii) Human Physiology
- B) 6 semester hours from at least two of the following areas:
- i) Exercise Physiology
- ii) Kinesiology or Biomechanics

ILLINOIS REGISTER

STATE BOARD OF EDUCATION

NOTICE OF EXPEDITED CORRECTION

- iii) Motor Learning, Motor Behavior, or Motor Development
- c) curriculum and Instruction At least one course in each of the following, all of which must explicitly include an emphasis on both regular and special populations:
- Curriculum Design in Physical Education
- ii) Instructional
 Strategies/Methodology in Physical
 Education
- iii) Assessment/Evaluation of Physical Education (Learning Assessment and Program Evaluation)

(Source: Expedited correction at 17 Ill. Reg. 3553 , effective November 17, 1992)

BANKS AND TRUST COMPANIES COMMISSIONER OF

NOTICE OF PUBLIC INFORMATION

NOTICE OF ACCEPTANCE OF AN APPLICATION AMBANC CORP., VINCENNES, INDIANA, TO ACQUIRE FARMERS' STATE BANK OF PALESTINE, PALESTINE, ILLINOIS

Companies has accepted for processing an application by AMBANC Corp., 302 Main Street, Vincennes, Indiana 47591, to acquire Farmers' State Bank of Palestine, 101 North Main Street, Palestine, Illinois 62451. Pursuant to Section 3.071(d) of the Illinois Bank Holding Company Act of 1957 (205 ILCS 10/3.071 (d) (1992)), notice is hereby given that the Commissioner of Banks and Trust

Interested persons who desire to comment on this proposed acquisition may submit their comments in writing no later than 14 days after the publication of this notice to either:

Commissioner of Banks and Trust Companies 117 South Fifth Street Springfield, Illinois 62701. Room 100 Reisch Building Neal J. O'Brien Bruce J. Baker

ILLINOIS REGISTER

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

- Statute requiring agency to publish this information in the Illinois Register: Name of Act: Illinois Department of Revenue Sunshine Act Citation: III. Rev. Stat. 1991, ch. 127, par. 2001 (Public Act 82-727, effective November 12, 1981).
- Summary of information: ci

Index of Department of Revenue income tax letter rulings issued for the Third Quarter of 1992 The ruling letters are listed numerically with a brief synopsis under the following subjects:

(Also See Subtraction Modifica-

tions - Valuation Limitation)

Check Off Funds

Circuit Breaker

Claims for Refund: See Refunds

Combined Unitary Return

Collection

Commercial Domicile (Also See Unitary)

Composite Returns

Confidentiality Compensation

Credits

Bulk Sales: See Sales Outside the (For Alternative Allocation rul-Ordinary Course of Business (Also See Addition Modifica-Bond Premium Amortization tions, Fringe Benefits, Subtraction Modifications) Other Rufings (not included above) Apportionment Financial Organizations Transportation Services Other Rulings (not included above) ings, see that heading) Insurance Companies Addition Modifications Net Operating Loss Zero Coupon Bonds Administrative Review Alternative Allocation Books and Records Property Factor Payroll Factor Sales Factor Base Income Dividends Assessment Bankruptcy Allocation Interest Amnesty

Coal Research and Utilization

Credit for Replacement Tax Enterprise Zone Investment

Paid

Replacement Tax Investment

High Impact Business

Foreign Tax

Investment

lobs Tax

Research and Development

(not included above)

Deficiencies

Definitions

Training Expense Other Rulings

(Also See Credits, Subtraction

Capital Gains (Losses)

Business Income

(Bulk Sales)

Enterprise Zones

Unitary

Unitary Return, Extensions,

Elections: See Combined

Corporations (DISC's)

Domestic International Sales

Erroneous Refund: See Refunds Failure to Pay: See Penalties Fringe Benefits IRC §125 "Cafeteria" Plans IRC §401(k) Plans Failure to File: See Penalties Financial Organizations: See Farmers: See Estimated Tax Foreign Sales Corporations Foreign Trade Zones: See Subtraction Modifications, (FSC's)
Foreign Tax: See Credits Exempt Organizations Fraud: See Penalties Credits--Jobs Tax Apportionment Other Rulings Federal Returns Modifications) Estimated Tax Exemptions Foreclosure Extensions iduciaries Estates Forms

(not included above)
Gain (Loss): See Capital Gains
(Losses), Valuation Limitation Insurance Companies: See Information Reports

Apportionment Interest Income

(Also See Addition Modifica-Interest on Refunds and tions, Subtraction Modifications) Deficiencies

eopardy: See Assessment udicial Review

Military ottery iens

(Also See Subtraction Modifica-

Miscellaneous

Mutual Funds: See Subtraction Addition Modifications Modification Subtraction: See Modification Addition: See Subtraction Modifications Modifications

Net Income (Loss) and Net Loss Deduction (IITA §207) (Also See Base Income, Capital Unitary Return, Net Operating oss and Net Operating Loss Gains (Losses), Combined

Net Operating Loss and Net Operating Loss Deduction Nexus: See Public Law 86-Deduction)

Residency/Nonresidency Nonbusiness Income Nonresidents: See 272/Nexus

Notice and Demand: See Notices Overpayments: See Refunds Notices

Partnerships

Payments:

Payroll Factor: See Apportion-Failure to File (IITA §1001) (Also See Estimated Tax) Penalties

Failure to File Withholding Returns (IITA §1004)
Failure to Pay (IITA §1002)
Failure to Pay Estimated Tax

Fraud (IITA §1002) Reasonable Cause (IITA §1001) Underpayment of Tax (IITA (IITA \$804) \$1005

Apportionment Property Tax: See Subtraction (Not included above) Also See Subtraction Political Organizations Property Factor: See Other Rulings Modifications) Pensions

ILLINOIS REGISTER

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

Enterprise and Foreign Trade

Real Estate Investment Trusts Reasonable Cause: See Penalties Refunds (Also See Subtraction bublic Law 86-272/Nexus Other Rulings (not included above) Residency/Nonresidency Statute of Limitations (Also See Credits) Replacement Tax Modifications) Modifications Rate of Tax rotest

Money Market Mutual Funds

Qualified Pension Plans

Interest on U.S. Government

Obligations

Military

Illinois Tax Refund

20nes

see those headings) Amended Returns Returns and

(For Combined Unitary Return and Composite Return rulings, Short Period Returns Requirements to File Oue Dates

Ordinary Course of Business

(Bulk Sales)) fransportation Services: See

Apportionment

Also See Sales Outside the

ransferees

faxability in Other States faxable Year

Other Rulings (not included above)(

Valuation Limitation

Subpart F Income Real Estate Taxes

> Sales Outside the Ordinary Course of Business (Bulk Sales) Sales Factor: See Apportionment Other Rulings (not included above) S Corporations

Separate Accounting: See Alternative Allocation Signature Seizure

Specific Accounting

Voluntary Disclosure Agreements Waiver on Assessments: See

Withholding Employee Benefits

Assessment

Exemptions

Subtraction Modifications

Valuation Limitation: See

See Subtraction Modifications

(Also See Combined Unitary U.S. Government Obligations:

Unitary

rusts

Return)

Subchapter (S) Corporations: See Subpart F Income: See Subtrac-Statute of Limitations: See Assessment, Collection, Deficiencies, Refunds tion Modifications S Corporations

Subtraction Modifications

Personal Service Contracts (IITA §1405.2) Other Rulings (not included above) Reciprocal Agreements

Copies of the ruling letters themselves are available for inspection and may be purchased for a mirimum of \$1.00 per opinion plus 25 cents per page for each page over one.

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

The index of Income Tax letter rulings for 1990 is available for \$3.00. A cumulative Income Tax Sunshine Index of 1981 through 1989 letter rulings may be purchased for \$4.00.

3. Name and address of person to contact concerning this information:

Springfield, Illinois 62794 Telephone: (217) 782-6996 Margaret Forth Legal Division 101 West Jefferson Street

ILLINOIS REGISTER

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

APPORTIONMENT - SALES FACTOR

IT 92-160 09/01/1992 Public Act 87-880, which provides for taxation of certain non-resident professional athletes forwarded.

BASE INCOME

(Also See Addition Modifications, Fringe Benefits, Subtraction Modifications)

income for a year in which a taxpayer was an Illinois resident are IT 92-175 09/30/1992 Wages that are included in Federal adjusted subject to Illinois income tax.

CONFIDENTIALITY

IT 92-161 09/02/1992 Section 917 of the IITA prohibits the furnishing of information specified in subpoena absent a court order.

92-163 09/08/1992 IITA Section 917 prohibits the Illinois Department of Revenue from furnishing the information specified in subpoena absent a court order.

nishing the information specified in a subpoena absent a court IT 92-168 09/22/1992 IITA Section 917(a) prohibits the Department from fur-

EXEMPTIONS

tion and provides at Section 204(c) for an additional exemption in the amount of \$1,000 for each exemption in excess of one allowable to such individual taxpayer for the taxable year under section 151 of the Internal Revenue Code. IT 92-171 09/23/1992 Illinois Income Tax Act sets forth the standard exemp-

INTEREST ON REFUNDS AND DEFICIENCIES

92-162 09/02/1992. As of September 2, 1992, the rate of interest on delinquent taxes is 9%.

MISCELLANEOUS

IT 92-147 07/01/1992 Response to a request for portions of the Illinois Income Tax Act and the Department's rules.

NOTICE OF PUBLIC INFORMATION DEPARTMENT OF REVENUE

- IT 92-152 08/17/1992 References Public Act 87-880 which deals with the taxation of professional athletes.
- 08/17/1992 Response to a request for copies of Sections 100.2550 through 100.2563 of the Department's regulations. IT 92-153
- IT 92-154 08/17/1992 Response to a request for a copy of Section 100.3700 of the Department's regulations.
- 09/15/1992 Response to a questionnaire regarding the income taxation of partnerships, S corporations and individuals. 92-167
- Response to a request to review income tax charts for 92-173 09/28/1992
- Response to survey. П 92-174 09/28/1992

PENALTIES - FAILURE TO FILE (IITA §1001)

09/23/1992: There are substantial civil and criminal penalties for failure to file and pay Illinois income tax as required. IT 92-169

PENALTIES - FAILURE TO PAY (IITA §1002)

penalties for 09/23/1992: There are substantial civil and criminal failure to file and pay Illinois income tax as required. IT 92-169

REFUNDS - OTHER RULINGS (NOT INCLUDED ABOVE

(Also See Subtraction Modifications)

- IT 92-148 07/06/1992. One of the exceptions to the discharge of debts under Section 523 of the Bankruptcy Code is for income taxes for a taxable year ending on or before the date of the filing of the petition for which a return, if required, is last due, including extensions, after three years before the date of the filing of the petition.
- 09/25/1992 Discusses whether wages earned out-of-State would be considered income for Illinois income tax purposes. IT 92-172

RESIDENCY/NONRESIDENCY

09/25/1992 Discusses whether wages earned out-of-State would be considered income for Illinois income tax purposes. IT 92-172 09/25/1992

ILLINOIS REGISTER

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

IT 92-175 09/30/1992 Wages that are included in Federal adjusted gross income for a year in which a taxpayer was an Illinois resident are subject to Illinois income tax.

SUBTRACTION MODIFICATIONS - OTHER RULINGS (NOT INCLUDED ABOVE

07/06/1992. One of the exceptions to the discharge of debts under Section 523 of the Bankruptcy Code is for income taxes for a taxable year ending on or before the date of the filing of the petition for which a return, if required, is last due, including extensions, after three years before the date of the filing of the petition. IT 92-148

VOLUNTARY DISCLOSURE AGREEMENTS

- 92-150 08/05/1992 Discusses the status of a voluntary disclosure agree-
- disclosure voluntary the Jo portion a Discusses 92-151 08/13/1992 process. H
- on an issued 08/19/1992 Discusses the prevention of collection activity account by means of a temporary restraining order (TRO) prevention of collection activity by the Board of Appeals. 92-155 08/19/1992 H
- In order to prevent collection activity on an account of Appeals must issue a temporary restraining order the Board 08/19/1992 (TRO). 92-156 Π
- In order to prevent collection activity on an account of Appeals must issue a temporary restraining order the Board 08/19/1992 (TRO). 92-157 П
- order to prevent collection activity on an account Appeals must issue a temporary restraining order of PL the Board 08/21/1992 (TRO). 92-158
- In order to prevent collection activity on an account of Appeals must issue a temporary restraining order the Board 08/21/1992 92-159 H
- tax of sales 09/14/1992 Response to taxpayer regarding receipt returns pursuant to Voluntary Disclosure Agreement. 09/14/1992 92-164 П

IT 92-166 09/14/1992 Only the Board of Appeals has the authority to issue a temporary restraining order (TRO) delaying collection activity in a voluntary disclosure action.

IT 92-170 09/23/1992 Discusses voluntary disclosure process subsequent to signing a Voluntary Disclosure Agreement.

ILLINOIS REGISTER

JOINT COMMITTEE ON ADMINISTRATIVE RULES ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

Administrative Rules during the period of February 24, 1993 through March 2, 1993, and have been scheduled for review by the Committee at its April 13, 1993 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Office Bidg., The following second notices were received by the Joint Committee on Springfield, IL 62706.

JCAR Meeting	4/13/93	4/13/93
Start of First Notice	8/21/92 16 III Reg 12826	7/10/92 16 III Reg 10534
Agency and Rule	Department of Public Ald, Hospital Services (89 III Adm Adm Code 148)	Environmental Protection Agency, Americans With Disabilities Act Grievance Procedure (4 III Adm Code 925)
Second Notice Expires	4/12/93	4/14/93

PROCLAMATION

ACRICULTURE DAY 93-041

States is the world's largest producer and agricultural technology, which is a home vital ingredient in our strength as a nation, both at and exporter of food Whereas, the United abroad; and

is a national and international leader in Whereas, Illinois is a national marketing agricultural products; and

of to maintain our healthy agricultural aware of the effect agriculture on their lives and well-being; and environment, Americans need to be in order Whereas,

cooperative relationship between consumers and agriculture Whereas, current issues such as food safety and protection importance of our environment have further emphasized the production; and

Whereas, Americans should recognize their personal stake in an abundant food and fiber supply;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim March 20, 1993, as AGRICULTURE DAY in Illinois. I urge citizens to recognize the importance of agriculture in our state by taking part in ceremonies and activities planned for this

Issued by the Governor February 16, 1993. Filed with the Secretary of State February 25, 1993. observance.

DUSABLE MUSEUM OF AFRICAN AMERICAN HISTORY DAY 93-042

the nation's oldest African American museum and the major independent institution in Chicago and the State of Illinois established to preserve and interpret the historical experiences Whereas, the DuSable Museum of African American History is and people of African achievements of African Americans descent; and and

Whereas, DuSable was founded in 1961 as a grass-roots museum has grown to become the country's premier African American and has

museum; and

Whereas, the museum will reach a new milestone February 18, 1993, with the dedication of the \$3.5 million, 25,000-square-foot Harold Washington Wing, named for the City of Chicago's first

African American mayor, and built with Build Illinois funds; and Whereas, the addition will feature supplementary gallery space, a 466-seat auditorium honoring Illinois black legislators, and an expanded gift shop; and

Whereas, the museum will devote four days in celebration of this auspicious occasion with a dedication ceremony, programs and an exhibit, the "Chicago African American History Makers" award gala, and numerous special events involving music, dance,

ILLINOIS REGISTER

theater, and oratory befitting such a grand occasion;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim February 18, 1993, as DUSABLE MUSEUM OF AFRICAN AMERICAN HISTORY DAY in Illinois and encourage all citizens to be cognizant of the significance of this event.

Issued by the Governor February 16, 1993.

Filed with the Secretary of State February 25, 1993. Jim Edgar, Governor of the State of Illinois,

LICENSED PRACTICAL NURSE WEEK 93 - 043

of good health care is of primary Whereas, the role of the licensed practical nurse maintenance concern to everyone; and the Whereas,

wnereas, the role of the licensed practical nurse in caring for people's health needs has advanced in responsibility and Whereas, the Licensed Practical Nurse Association of Illinois complexity; and

Whereas, the Licensed Practical Nurse Association of Illinois to ensure encourages the continuance of education among its members; and

is holding its annual convention April 25-29 in Moline;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 25-29, 1993, as LICENSED PRACTICAL NURSE WEEK in Illinois in recognition of these dedicated men and women. Issued by the Governor February 16, 1993.

Filed with the Secretary of State February 25, 1993.

GOLD HEART DAY

Whereas, since 1944, Variety Club Children's Charities, part of an international volunteer organization, has been dedicated to improving the lives of underprivileged, physically and mentally challenged, abused and homeless children; and

Whereas, the members of the Variety Club of Illinois have contributed millions of dollars to children's charities and programs for the past 49 years; and

"Whereas, the Variety Club will celebrate the second annual "Gold Heart Day" Sunday, February 14, 1993, with the sale of gold neart pins; and

Whereas, the proceeds of the fund raiser will benefit the Variety Club Sunshine Coach Program, which provides children with needed transportation to facilities;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim February 14, 1993, as GOLD HEART DAY in recognition of Variety Club's dedicated service to our children.

Issued by the Governor February 17, 1993. Filed with the Secretary of State February 25, 1993.

RURAL ELECTRIC AND TELEPHONE YOUTH DAY

Whereas, for the 34th year, the Electric Telephone Cooperatives of Illinois are sponsoring a paid tour of Washington, D.C., for approximately 75 outstanding Illinois high school students. These young leaders are selected on the basis of sponsored contests leadership member-cooperatives; and youth

Whereas, the Illinois students, along with nearly 1,500 contest winners from other states, will have an opportunity to witness their federal government in action during the "Youth to Washington" tour June 18-25, 1993; and

experience for more students throughout the state, the Electric and Telephone Cooperatives of Illinois will also sponsor a trip to our state capital April 21 for approximately 200 finalists in Whereas, in an effort to provide a broader educational contest;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim April 21, 1993, as RURAL ELECTRIC AND TELEPHONE YOUTH DAY in Illinois and wish the participants a rewarding experience. Issued by the Governor February 17, 1993.

Filed with the Secretary of State February 25, 1993.

DAVID CRAY DAY

Whereas, David L. Cray, a graduate of Quincy College, is retiring from his job as public health administrator of the Rock Island County Health Department, a position he has held since

Glen Nursing Home in Coal Valley, administrator and TB program director of the Rock Island County Health Care Center, and business manager of the Rock Island County TB Sanatorium; and David previously served as administrator of the Oak Whereas,

the American Lung Association of Illinois (ALAI), Whereas, since 1958, David has been an active friend the Illinois Tuberculosis Association, serving president, vice president, and on numerous committees; and volunteer of

vice president and president of the Illinois Conference on TB and Whereas, he has also served as secretary, vice president, president of the Illinois Association of TB Treatment Boards Lung Disease; and

Whereas, in 1987, David earned the Alma Fringer Award for his great leadership, personal sacrifice, and determination in the fight against tuberculosis; and

being held February 19, 1993, to Rock Island recognize David's retirement from his post at the a dinner is County Health Department; Whereas,

proclaim February 19, 1993, as DAVID CRAY DAY in Illinois in Jim Edgar, Governor of the State of Illinois, Therefore, I,

ILLINOIS REGISTER

give so his tireless efforts and willingness to unselfishly of his time. recognition

Issued by the Governor February 18, 1993. Filed with the Secretary of State February 25, 1993.

LEWIS AND CLARK MONTH

Meriwether Lewis and William Clark as the staging platform and launching pad for their epoch-making expedition from the Mississippi River to the Pacific Ocean, which was ordered Whereas, in December 1803, the State of Illinois President Thomas Jefferson; and Captains

Whereas, through the winter of 1803-1804, Camp Dubois was established on the soil of our state at the junction of the River Wood and the Mississippi River, to quarter and protect their men equipment and prepare them for the perilous journey ahead;

soldiers, boatmen, hunters, guides, and interpreters whose courage and devotion made the journey possible and also supplied River, north to Fort Kaskaskia, Cahokia, and Camp Dubois, supplied Captains Lewis and Clark with many of the exceptional with materials and logistical support essential to their unchartered Whereas, the State of Illinois, from Fort Messac on the Of corps' survival across thousands of miles wilderness; and them

Whereas, Illinois' brave pioneers and frontier settlers provided the captains and their men with the hard-won harvest of their fields, livestock, tools, hospitality, warm friendship, and encouragement; and

disciplined military unit, risking their lives to carry out their mission. The expedition was deemed critical to the future security and prosperity of the United States; and Whereas, we should feel honored that Illinoisans helped launch one of the greatest explorations in history, opening the at the River Wood in Illinois, Captains Lewis and dedicated, rd into Clark forged their band of explorers Whereas,

American West and building the power of our nation;

Therefore, I, Jim Edgar, Governor of the State of Illinois, laim May 1993 as LEWIS AND CLARK MONTH in Illinois, to commemorate the extraordinary achievements and contributions Illinois' frontier citizens. proclaim May

Filed with the Secretary of State February 25, 1993. Issued by the Governor February 18, 1993.

is to have immeasurable appreciation of wealth." --Otto H. Kahn have "To

Whereas, the arts serve an important role in the educational development of our youth; and

Whereas, during the month of March, the Illinois Art Education Association will be sponsoring special events and exhibits in conjunction with a nationwide effort to highlight the accomplishments of art teachers and their students; and

Whereas, community organizations are encouraged to take advantage of this opportunity to emphasize the enjoyment that can be derived through the creation and appreciation of art;

of Illinois, Therefore, I, Jim Edgar, Governor of the State proclaim March 1993 as YOUTH ART MONTH in Illinois.

Issued by the Governor February 19, 1993. Filed with the Secretary of State February 25, 1993.

BUSINESS OPPORTUNITY DAYS 93-049

Whereas, the 26th Annual Chicago Business Opportunity Fair

Whereas, cur 23.14, 1993; and will be held April 13-14, 1993; and Whereas, John W. Madigan, president and publisher for Chicago Whereas, John W. Adigan, president and publisher for Chicago Committee; and

during the fair, minority suppliers and purchasing rom major buying organizations will have the to meet and exchange information about mutual buying personnel from major buying Whereas,

opportunity to meet and extruction opportunity to meet and extruction and saling needs; and and saling needs; and Whereas, the 26th Annual Chicago Business Opportunity Fair helps further the year-round efforts of the Chicago Regional helps further the year-round efforts of the event and an extraction Council, Inc., the sponsor of the event and an extraction minority businesses in Chicago;

Whereas, on April 13, the Minority Business Subcouncil of the Chicago Regional Purchasing Council will hold its 15th annual awards presentation and reception to honor representatives from the public and private sectors for their contributions to minority suppliers growth and development; Therefore, I, Jim Edgar, Governor of the State of Illinois,

proclaim April 13-14, 1993, as BUSINESS OPPORTUNITY DAYS in Illinois.

Issued by the Governor February 22, 1993. Filed with the Secretary of State February 25, 1993.

HEALTH SCIENCES CONTINUING EDUCATION DAY CHARLES RICHARD DREW CENTER FOR

Chicago, serves a culturally rich, diverse community and dedicated to using education to empower all individuals; and Whereas, Malcolm X College, one of the City Colleges

ILLINOIS REGISTER

Drew Center for Health Sciences Continuing Education to provide the education courses that health care practitioners need to maintain licensure in their disciplines; and Whereas, Malcom X College has established the Dr. Charles

whose thirst for knowledge led to the discovery of blood plasma and the development of techniques for storing blood, or "blood banking," which saved countless lives on the battlefields of Whereas, the Drew Center is dedicated to the memory of Dr. Charles Richard Drew, a distinguished African-American physician,

World War II and continues to save lives today;
Therefore, I, Jim Edgar, Governor of the State of Illinois,
proclaim February 26, 1993, as DR. CHARLES RICHARD DREW CENTER
FOR HEALTH SCIENCES CONTINUING EDUCATION DAY in Illinois.

Issued by the Governor February 22, 1993. Filed with the Secretary of State February 25, 1993.

FREE PAPER WEEK

Whereas, free-circulation community papers provide comprehensive buying information to consumers in the communities they serve; and

Whereas, free-circulation community papers contribute to the growth and success of their local and state economy; and Whereas, Association of Free Community Papers members' papers

blanket the country each week with a door-to-door circulation of more than 10 million;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim March 14-20, 1993, as FREE PAPER WEEK in Illinois.

Issued by the Governor February 22, 1993. Filed with the Secretary of State February 25, 1993.

LUTHERAN SCHOOLS WEEK 93-052

Whereas, the glory and the promise of our state and nation rests in the minds and the visions of our youth, who truly have so much to offer. A sound education allows our children to pursue their dreams so they may become all they want to be; and

Whereas, since its organization in 1847, The Lutheran Church--Missouri Synod has stressed excellence in education and congregations today serves a church body of more than 6,000

across the country, including 521 congregations in Illinois; and Whereas, The Lutheran Church--Missouri Synod has historically supported quality public and parochial schools and has sought to foster and nurture creative cooperation and understanding for the good of all students and citizens; and

Whereas, the Lutheran Church--Missouri Synod maintains more

given to the many dedicated than 200 schools in Illinois; and Whereas, recognition should be Universities

and administrators of these schools, who help enhance students' learning experiences and growth into adulthood fostering a tradition of commitment and caring; teachers

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim March 7-13, 1993, as LUTHERAN SCHOOLS WEEK in Illinois. Issued by the Governor February 22, 1993.

Filed with the Secretary of State February 25, 1993.

MOTORCYCLE AWARENESS MONTH 93 - 053

is a national leader in motorcycle Illinois

Whereas, the Illinois Department of Transportation has been conducting the Illinois Cycle Rider Safety Training Program since 1976; and

registration fees and has been responsible for training more than state motorcycle þУ program is supported 100,000 Illinois cyclists; and the Whereas,

Whereas, there is a need to increase public awareness of the presence of motorcyclists on our roadways;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim May 1993 as MOTORCYCLE AWARENESS MONTH in Illinois in recognition of efforts to improve motorcycle safety and the continuing leadership role our state has taken in promoting mocorcycle safety training.

Issued by the Governor February 22, 1993. Filed with the Secretary of State February 25, 1993.

SARAH SIDDONS SOCIETY DAY 93-054

in 1952, prominent Chicagoans, including Loyal Davis, mother of actress and former first lady Nancy Reagan, founded the Sarah Siddons Society to recognize women in the Whereas, theater; and

Sarah Siddons Award annually to an actress for an outstanding performance in a Chicago theatrical production. Award recipients have included Helen Hayes, Jessica Tandy, Lauren Bacall, Rita Moreno, Angela Lansbury, and Cloris Leachman; and Whereas, the award's namesake was one of the greatest Whereas, for 40 years, the organization has presented

tragediennes of the English stage, who found her greatest role as Shakespeare's Lady Macbeth, the part in which she made her farewell performance in 1812; and

Whereas, this year's prestigious award is being presented to Stefanie Powers March 1 for her outstanding performance in the theatrical production of "Love Letters" at the Chicago Theater;

Sarah Siddons Society also awards scholarships the Whereas,

ILLINOIS REGISTER

DePaul to outstanding students at Northwestern and to further their education in theater;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim March 1, 1993, as SARAH SIDDONS SOCIETY DAY in Illinois and commend its 500 members for their commitment to promoting and elevating the role of women in theater. Issued by the Governor February 22, 1993.

Filed with the Secretary of State February 25, 1993.

SERTOMA NATIONAL HERITAGE FREEDOM WEEK

Whereas, since Operation Desert Storm, the fall of Communist the 200th anniversary of the Bill of Rights, issues the United States Constitution establishes freedom concerning people's rights and freedoms have come religion, speech, press, assembly, and petition; and forefront across the globe; and Russia, and Whereas,

Whereas, our state capital was the home and final resting to of our 16th president, Abraham Lincoln. As the Civil War, signing ρλ Lincoln preserved freedom in our nation by Emancipation Proclamation to abolish slavery; and of the Union Army during commander-in-chief

Whereas, each of us must take a responsible role in the preservation of freedom -- because freedom is a privilege that will always depend on individual responsibility, integrity,

effort, courage, and religious faith; Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim February 22-26, 1993, as SERTOMA NATIONAL HERITAGE FREEDOM WEEK in Illinois.

Issued by the Governor February 22, 1993. Filed with the Secretary of State February 25, 1993.

PORNADO PREPAREDNESS WEEK

private property are destroyed each year, is imminent; and Whereas, Illinois is especially vulnerable because of its location at the northeast edge of the most tornado-prone region Whereas, the tornado season, during which human lives of the world; and

nation in tornado frequency and seventh in tornado fatalities; and Whereas, tornadoes and related phenomena are the Illinois ranks ninth in the Whereas,

Whereas, the Illinois Emergency Management Agency and the National Weather Service have combined efforts to implement emergency planning to combat the deadly effects of tornadoes; Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim March 8-12, 1993, as TORNADO PREPAREDNESS WEEK in devastating natural disasters that regularly affect Illinois; and

57.6

ILLUNOIS REGISTER

This Page Left Blank Intentionally.

Ω	
Œ	1
E	4
V.)
1	
9)
E C	
1	9
E/C	
\vdash	4
C)
-	9
Ē	4
TIL	
TILT	1

CUMULATIVE INDEX

Vol. 17, Issue #11

March 12, 1993

ILLINOIS REGISTER CUMULATIVE INDEX 17, Issue #11

March 12, 1993

BANKS AND TRUST COMPANIES, COMMISSIONER OF

Americans With Disabilities Act Grievance Procedure (A-15976/92; CC-1673) 4 III. Adm. Code 375

CAPITAL DEVELOPMENT BOARD

Americans With Disabilities Act Grievance Procedure (A-11432/92; CC-1673)

Acquisition, Management & Disposal of Real Property (P-11378/92; A-1006) Pay Plan (P-191; C-672) (P-13679/92; A-238) (PP-498) (P-13179/92; A-590) Solicitation for Charitable Payroll Deductions (P-2449) Standard Procurement (P-12808/92; A-600) Merit & Fitness (P-17187/92; A-3169) CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF (P-14001/92; A-1819) (P-2105) (E-2361) 80 III. Adm. Code 2650 44 III. Adm. Code 5000 80 III. Adm. Code 302 80 III. Adm. Code 310 44 III. Adm. Code 1

PP - Peremptory or Court Ordered Rules

Notice of Corrections Codification Changes ER - Emergency Repealer

Emergency Rule

-回

AR - Adopted Repealer

Adopted Rule

PF - Prohibited Filing Order by

ICAR*

P - Proposed Rule

ACTION CODES

R - Refusal to meet JCAR Objection

PR - Proposed Repealer

RC - Statement of Recommendation Suspension ordered by JCAR Withdrawal to meet JCAR

> M - Modification to meet JCAR objections O - JCAR Statement of Objections
> RQ - Request for Correction
> EC - Expedited Corrections

Expedited Corrections

CHILDREN AND FAMILY SERVICES, DEPARTMENT OF

Appeal of Child Abuse & Neglect Investigation Findings (P-7963/92; A-1026) Child Custody Investigations & Suspervision Related to Custodian or Visitation Services Delivered by the Department (P-7565/92; A-274) (P-2460) (E-2513) Access to & Eligibility for Child Welfare Services (P-7545/92; A-251) Licensing Standards for Foster Family Homes (P-11707/92; A-267) Facilities & Programs Exempt from Licensure (P-7553/92; A-259) Review & Appeal Process (PR-7982/92; AR-1044) Service Appeal Process (P-7999/92; A-1046) Multiple Licensure (PR-7561 92; AR-272 Judgements (P-1259) Code 377 Code 402 Code 378 89 III. Adm. Code 337 89 III. Adm. Code 302 89 III. Adm. Code 304 89 Ill. Adm. Code 336 89 Ill. Adm. Code 309 89 Ill. Adm. Code 330 89 III. Adm. 89 III. Adm. 89 III. Adm.

ILLINOIS COMMERCE COMMISSION,

SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY

QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (217) 782-9786.

ABANDONED MINED LANDS RECLAMATION COUNCIL

ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC

*Joint Committee on Administrative Rules

Objections

Americans With Disabilities Act Grievance Procedure (A-20092/92; CC-1673)

Americans With Disabilities Act Grievance Procedure (A-12439/92; CC-1673) Minimum Safety Standards for Transportation of Gas & For Gas Pipeline Notice Requirements for Change in Rates for Cooling, Electric, Gas, Heating, Procedures for Gas, Electric, Water & Sanitary Sewer Utilities Governing Eligibility for Service, Deposits, Payment Practices & Discontinuance Telecommunications, Sewer or Water Services (P-13703/92; A-798) Pole Attachment Rates, Terms & Conditions Applicable to Cable Edecision Promotional Practices of Electric & Gas Public Utilities (P-8269/92; A-98; Companies & Electric & Telephone Public Utilities (P-202) Construction of Electric Power & Communication Lines (P-2462) Dual Party Relay Service (P-14004 92; A-1818) of Services (P-12810/92; A-805) Equipment Leases (P-1685) Facilities (P-2466) 92 Ill. Adm. Code 1360 83 III. Adm. Code 756 4 III. Adm. Code 400 83 III. Adm. Code 305 83 Ill. Adm. Code 590 83 III. Adm. Code 255 83 III. Adm. Code 315 83 III. Adm. Code 280 83 III. Adm. Code 275

AGRICULTURE, DEPARTMENT OF

General Programmatic Requirements (P-883) (E-1179)

Community Care Program (P-12251/92; A-224)

AGING, DEPARTMENT ON

89 III. Adm. Code 240 89 III. Adm. Code 220

4 III. Adm. Code 1000

Americans With Disabilities Act Grievance Procedure (A-11744/92; CC-1673) Lawncare Wash Water & Rinsate Collection (P-14975/92; A-2189) Meat & Poultry Inspection Act (PP-2063) Egg & Egg Products Act (P-527) Sustainable Agriculture (P-1251) 8 III. Adm. Code 256 8 III. Adm. Code 125 4 III, Adm. Code 550 8 III. Adm. Code 750 8 III. Adm. Code 65

VICCHIOLISM AND SUBSTANCE ABUSE, DEPARTMENT OF

Americans With Disabilities Act Grievance Procedure (A-11426/92; CC-1673) Americans With Disabilities Act Grievance Procedure (P-2283/92; A-1811) ATTORNEY GENERAL 1 III. Adm. Code 125 4 III. Adm. Code 500

COMMERCE AND COMMUNITY AFFAIRS, DEPARTMENT OF

Americans With Disabilities Act Grievance Procedure (A-14621/92; CC-1673) Small Business Impact Analysis Procedures (P-11391/92; A-1511) Enterprise Zone Program (P-13691/92; A-1837) 4 III. Adm. Code 575 14 III. Adm. Code 520 I III. Adm. Code 300

	ILLINOIS REGISTER		ILLINOIS REGISTER
Vol. 17, Issue #11	CUMULATIVE INDEX March 12,	1993 Vol. 17, Issue #11	CUMULATIVE INDEX March 12, 1993
COMMERCE AND COMMUI	COMMERCE AND COMMUNITY AFFAIRS, DEPARTMENT OF (CONT'D) 47 III. Adm. Code 130 State Administration of the III. Neighborhood Corps Program (PR-1)	FIRE MARSHAL, OFFICE OF THE STATE 4 III. Adm. Code 200 Americans Wi	F THE STATE Americans With Disabilities Act Grievance Procedure (P-1954/92; A-2256)
COMMUNITY COLLEGE BOARD, ILLINOIS 23 III. Adm. Code 1501 Administration o	OARD, ILLINOIS Administration of the III. Public Community College Act (P-12274/92; A-1853)		Storage, Hansportation, Sate & Ose of Petroleum & Other Augusteu Substances (E-1186)
CONSERVATION, DEPARTMENT OF 17 III. Adm. Code 830 Commer	MENT OF Commercial Fishing & Musseling in Certain Waters of the State (P-17405/92;		HEALTH CARE COST CONTAINMENT COUNCIL, ILLINOIS 77 III. Adm. Code 2510 Data Collection (P-1695) (E-2031)
17 III. Adm. Code 590 17 III. Adm. Code 720 17 III. Adm. Code 710	A-3177) Duck, Goose & Coot Hunting (E-1658) Taking of Wild Turkeys-Fall Archery Season, The (P-15260/92; A-281) Taking of Wild Turkeys-Straing Season, The (P-15181/97). A 31841	HEALTH FACILITIES PLANNING BOARD, ILLINOIS 77 III. Adm. Code 1235 (E-432; O-3056)	NING BOARD, ILLINOIS (E-432; O-3056)
17 III. Adm. Code 670	taking of wild turkeys-spiring season, the (r-10101/22, A-2104). White-Tailed Deer Hunting by Use of Bow and Arrow (P-15265/92; A-286)	HIGHER EDUCATION, BOARD OF	RD OF Americans With Disabilities Act Grievance Procedure (A-19806/92-CC-1673)
CORRECTIONS, DEPARTMENT OF 20 III. Adm. Code 440 Advoc 4 III. Adm. Code 475 Ameri 20 III. Adm. Code 525 Rights	ENT OF Advocacy Services (P-16371/92; AR-1519) American With Disabilities Act Grievance Procedure (A-10423/92; CC-1673) Rights & Privileges (PP-1666)		AGENCY, ILLINOIS Rules for Review of State Agency Undertakings (P-13718/92; A-1521)
CRIMINAL JUSTICE INFORMATION AUTHORITY 4 III. Adm. Code 150 Americans With Disabi	AMATION AUTHORITY Americans With Disabilities Act Grievance Procedure (P-1263)	HOUSING DEVELOPMENT AUTHORITY, ILLINOIS 47 Ill. Adm. Code 370 National Affordable Hou	AUTHORITY, ILLINOIS National Affordable Housing Act (HOME) Program (P-11713/92; A-319)
DEVELOPMENT FINANCE / 14 III. Adm. Code 1230	AUTHORITY, ILLINOIS Employee Ownership Assistance Program (P-9222/92; A-1859)	HUMAN RIGHTS, DEPARTMENT OF 56 III. Adm. Code 2520 Procedu	IENT OF Procedural (P-10)
EDUCATIONAL FACILITIES AUTHORITY, ILLINOIS 23 III. Adm. Code 2310 Functions & Planning Prog	ram (P-1691)	INDUSTRIAL COMMISSION, ILLINOIS 4 III. Adm. Code 225 Americans 50 III. Adm. Code 7020 Pre-Arbitr	, ILLINOIS Americans With Disabilities Grievance Procedure (P-7749/92; A-2945) Pre-Arbitration (P14511/92; A-2206)
EDUCATION, STATE BOARD OF 23 III. Adm. Code 1 EC 23 III. Adm. Code 228 Tra	D OF Public Schools Evaluation, Recognition & Supervision (P-8684/92; A-18010/92; EC-3553) Transitional Bilingual Education (P-9253/92; A-104)	INSURANCE, 50 III. Adm. 50 III. Adm. 50 III. Adm.	f OF Actuarial Qualification (PR-2530) Anticipated Salvage & Subrogation Recoverable (P-2106) Automobile Anti-Theft Mechanisms (P-7279/92; O-1240)
EMPLOYMENT SECURITY, DEPARTMENT OF 56 III. Adm. Code 2840 Claimant's Reason 56 III. Adm. Code 2770 Determination of U.	DEPARTMENT OF Claimant's Reason For Separation From Work (P-886) Claimant's Reason For Separation From Work (P-886) Claimantion of Unemployment Contributions (P-15625/92; A-295)	50 III. Adm. Code 805 50 III. Adm. Code 2013 50 III. Adm. Code 2015 50 III. Adm. Code 802	Financial Futures Contracts (P-42) (E-154) Group Coverage Discontinuance & Replacement (P-10375/92, A-1525) Infertility Coverage (P-696) Purchasing & Selling Call & Put Options Contracts (P-44) (E-163)
56 III. Adm. Code 2752 56 III. Adm. Code 2765	Empoyment (F-211) General Application (P-17853/92; A-3194) Payment of Unemployment Contributions, Interest & Penalties (P-12006/92; A-308) (P-15638/92; A-614) (P-2523)	LABOR, DEPARTMENT OF 56 III. Adm. Code 350	Health & Safety (P-3780/92; O-180; R-1239; A-1074)
ENVIRONMENTAL PROTECTION AGENCY 35 III. Adm. Code 876 Processing of CF-161	CTION AGENCY Processing of Claims for Payment from the Underground Storage Tank Fund (F.1610): 0.18856. M.2438)	MINES AND MINERALS, DEPARTMENT OF 62 III. Adm. Code 240 III. Oil & Gas A 44 III. Adm. Code 610 Plugging & Res	PARTMENT OF III. Oil & Gas Act, The (E-1195) (P-13722/92; A-2217) Plugging & Restoration Contracts (P-1697)
35 Ill. Adm. Code 320 Permit Fees for Instantant INSTITUTIONS, DEPARTMENT OF	Permit Fees for Installing or Extending Sewers (P-2469), DEPARTMENT OF	POLLUTION CONTROL BOARD 35 Ill. Adm. Code 615 Ex	ARD Existing Activities In A Setback Zone or Regulated Recharge Area (P-16465/92; A-1871)
36 II. Adm. Code 180	Uniform Disposition of Unciaimed Property Act (P-14006/92; A-123)		

ILLINOIS REGISTER

ILLINOIS REGISTER

	ILLINOIS REGISTER		ILLINOIS REGISTER
vol. 17, Issue #11	CUMULATIVE INDEX March 12, 1993	1. 17, Issue #11	CUMULATIVE INDEX March 12, 1993
POLLUTION CONTROL BOARD (CONT'D)	ARD (CONT'D)	PUBLIC HEALTH, DEPARTMENT OF	IENT OF
35 III. Adm. Code 616	New Activities In A Setbacl Zone or Regulated Recharge Area (P-16473/92;	77 III. Adm. Code 697	AIDS Confidentiality Testing Code (E-1204) (P-2687)
35 Ill. Adm. Code 611	A-1878 Primary Drinking Water Standards (P-2533)	// III. Adm. Code 203	Ambulatory Surgical Treatment Center Licensing Requirements (P-3426/92; A-3507)
35 III. ADm. Code 605	Sampling & Monitoring (P-2682)	Adm.	Child Health Examination Code (P-2697)
PROFESSIONAL REGITATION DEPARTMENT OF	ON DEPARTMENT OF	77 III. Adm. Code 694	College Immunization Code (P-13414/92; A-2306)
4 III Adm Code 275	American With Disshifties Act Grisvance Procedure (A.2002/02, CC 1672)	Adm.	Control of Sexually Hallshinssion Diseases Code (E-1213) (F-2711) Food Service Servication Orde (D 733)
68 Ill. Adm. Code 1210	Collection Agency Act (P-16374/92: A-1535)	Adm.	Four Service Santation Code (F-723) Grade A Pasteurized Milk & Milk Products (P-906)
68 III. Adm. Code 1150	III. Architecture Practice Act of 1989 (P-17042/92: A-1554)	Adm.	Health Facilities Planning Procedural Rules (P-4755/92: O-1242)
68 III. Adm. Code 1220	Ill. Dental Practice Act (P-15762/92; A-1559) (P-1708)	Adm.	Hospital Licensing Requirements (P-2016/92; A-1614)
68 III. Adm. Code 1300	III. Nursing Act of 1987 (P-16484/92; A-1572)		III. Health & Hazardous Substances Registry (P-4329/92; A-2319)
68 III. Adm. Code 1465	III. Speech-Language Pathology & Audiology Practice Act, The (P-890)	Adm.	III. Home Health Agency Code (P-747)
68 III. Adm. Code 1240	Private Detective, Private Alarm & Private Security Act of 1983 (P-15775/92;	77 III. Adm. Code 695	Immunization Code (P-13472/92; A-2975)
68 III. Adm. Code 1455	A-15/9) Real Estate Annraiser Certification (P-15785/97: A-1589)	// III. Adm. Code 350	Intermediate Care for the Developmentally Disabled Facilities Code (P-4791/92;
		77 III. Adm. Code 845	Lead Poisoning Prevention Code (P-12414/92: A-1884: O-1243: M-2073)
PUBLIC AID, DEPARTMENT OF	T OF	77 III. Adm. Code 395	Long-Term Care Assistants & Aides Training Programs Code (P-8066/92)
89 III. Adm. Code 112	I to F		A-2984)
	(P-13381/92; A-813) (P-15277/92; A-2253)	77 III. Adm. Code 390	Long-Term Care for Under Age 22 Facilities Code (P-1296) (E-2390)
89 III. Adm. Code 113	Aid to the Aged, Blind or Disabled (P-702) (P-13383/92; A-827) (P-14999/92;	77 III. Adm. Code 785	Manufactured Dairy Products (P-920)
	A-2263) (P-14533/92; A-3202)	Adm.	Maternal & Child Health Services Code (P-8103/92; A-3013) (P-3069)
89 III. Adm. Code 110	Application Process (P-13207/92; A-640)		Newborn Metabolic Screening & Treatment Code (P-757)
89 III. Adm. Code 111	Assistance Standards (P-16491/92; A-3213)	68 III. Adm. Code 750	Plumbers Licensing Code (P-15056/92; A-417)
89 III. Adm. Code 160	Child Support Enforcement (P-8892/92; A-2272)	77 Ill. Adm. Code 845	Prevention of Lead Poisoning (P-12314/92; O-1243)
89 III. Adm. Code 165	Collections & Recoveries (P-2110)	77 III. Adm. Code 330	Sheltered Care Facilities Code (P-1321) (E-2405)
89 III. Adm. Code 116	Crisis Assistance (P-13764/92; A-1078)	77 Ill. Adm. Code 300	Skilled Nursing & Intermediate Care Facilities Code (P-1346) (E-2420)
89 III. Adm. Code 144	Developmental Disabilities Service (P-899) (P-2477)		
89 III. Adm. Code 149	Diagnosis Related Grouping (DRG) Prospective Payment System (P-14535/92;	PUBLIC HEALTH/HEALTH	PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD
	A-3217)	77 III. Adm. Code 1235	Health Care Worker Self-Referral (E-432) (P-683)
89 Ill. Adm. Code 121	Food Stamps (P-13385/92; A-644)	77 III. Adm. Code 1120	Health Facilities Planning-Financial & Economic Feasibility Review (E-5205/92;
89 III. Adm. Code 114	General Assistance (P-13395/92; A-1091) (P-15008/92; A-2277)		RC-1244)
89 III. Adm. Code 148	Hospital Services (P-10868/92: A-131) (P-14540/92: A-3296)	RACING BOARD, ILLINOIS	
89 III. Adm. Code 120	Medical Assistance Programs (P-711) (P-14544/92; A-1102) (P-2114)	11 III. Adm. Code 1413	Entries, Subscriptions & Declarations (P-13218/92; A-1628)
89 III. Adm. Code 140	Medical Payment (P-62) (P-13211/92; A-837) (P-7576/92; A-1112) (P-13397/92;	11 Ill. Adm. Code 1411	Jockeys, Apprentices, Jockey Agents, & Valets (P-1372)
	O-1241; R-2436; A-2290; F-3058) (P-15296/92; A-2951) (P-15019/92;	11 III. Adm. Code 1305	Racetrack Operators & Their Duties (P-2439/92; A-3034)
	A-3421)	11 III. Adm. Code 1424	Regulations for Meetings (P-12133/92; A-3038)
89 III. Adm. Code 104	Practice in Administrative Hearings (P-540) (E-659)	11 Ill. Adm. Code 1303	Violations (P-1728)
89 III. Adm. Code 147	Reimbursement for Nursing Costs for Geriatric Facilities (P-13215/92; A-1128) (P-1716)	REHABILITATIONS SERVICES, DEPARTMENT OF	ES. DEPARTMENT OF
89 III. Adm. Code 117	Related Program Provisions (P-2126) (E-2368)	4 III Adm Code 300	Americans With Disabilities Act Grievance Procedure (A-15102/92; CC-1673)
89 III. Adm. Code 103	Support Responsibility of Relatives (P-14178/92; A-655)	89 III. Adm. Code 680	Client Responsibilities (P-943)
		89 III. Adm. Code 567	Comparable Benefits (P-10403/92; A-149)
PUBLIC COUNSEL, OFFICE OF THE	OF THE	89 III. Adm. Code 505	Confidentiality of Information (P-1731)
4 III. Adm. Code 1075	Americans With Disabilities Act Grievance Procedure (P-14182/92;	89 III. Adm. Code 525	Grants & Contracts (P-947)
	A-142)	89 III. Adm. Code 730	III. Visually Handicapped Institute (P-10397/92; A-425)
		89 III. Adm. Code 587	Medical, Psychological, & Related Services (P-952)

March 12, 1993		irement System (P-12384/92;	Returns (P-219) (E-445) 12; A-3042) Tax Relief & Pharmaceutical	570/92; A-3513)	s or Permits (P-1747) (P-2128) 92; A-2025) (P-1752) 84/92; A-427)	Board (E-17372/92; RC-181)		
ILLINOIS REGISTER CUMULATIVE INDEX	REHABILITATIONS SERVICES, DEPARTMENT OF (CONT'D) 89 III. Adm. Code 827 Rules of Conduct (P-77) 89 III. Adm. Code 592 Training Services (P-1375)	THE STATE OF ILLINOIS, TEACHERS' Administration & Operation of the Teachers' Retirement System (P-12384/92; A-1631)	Board of Appeals (E-665) (P-2718; C-3545) Electronic Filing of III. Individual Income Tax I Income Tax (P-222) (E-473) Nursing Home Grant Assistance Act (P-15340/9) Property Tax/Revenue Act of 1939 (P-2507) Retailers' Occupation Tax (P-14554/92; A-860) Senior Citizens & Disabled Persons Property Assistance Act (P-3104) Use Tax (P-14563/92; A-1947)	SAVINGS AND LOAN ASSOCIATIONS, COMMISSIONER OF 38 Ill. Adm. Code 450 Residential Mortgage License Act of 1987 (P-17570/92; A-3513) SAVINGS AND RESIDENTIAL FINANCE, COMMISSIONER OF 38 Ill. Adm. Code 1075 Savings Bank Act (P-2727)	Cancellation, Revocation or Suspension of Licenses or Permits (P-1747) (P-2128) (P-2856) Department of Personnel (P-15342/92; A-1652) III. Safety Responsibility Law (P-2863) Issuance of Licenses (P-956) (E-1219) (P-17229/92; A-2025) (P-1752) Literacy Grant Program (P-958) Procedures & Standards (1758) (E-2047) Revised Uniform Limited Partnership Act (P-13784/92; A-427)	W Procedures of the Department of State Police Merit Board (E-17372/92; RC-181)	HORITY, ILLINOIS State Toll Highway Rules (P-542) State Toll Highway Rules, Repeal of (P-566)	COMMISSION, ILLINOIS Correctional Officer's Grant Program (P-1381) General Provisions (P-1385) Guaranteed Loan Programs (P-1403) (E-2055) Ill. National Guard Grant (P-1437)
Vol. 17, Issue #11	REHABILITATIONS SERVICI 89 III. Adm. Code 827 89 III. Adm. Code 592	RETIREMENT SYSTEM OF T 80 III. Adm. Code 1650	REVENUE, DEPARTMENT OF 86 III. Adm. Code 210 86 III. Adm. Code 105 86 III. Adm. Code 100 86 III. Adm. Code 535 86 III. Adm. Code 110 86 III. Adm. Code 130 86 III. Adm. Code 130 86 III. Adm. Code 130	SAVINGS AND LOAN ASSOC: 38 Ill. Adm. Code 450 SAVINGS AND RESIDENTIAL 38 Ill. Adm. Code 1075	SECRETARY OF STATE 92 III. Adm. Code 1040 80 III. Adm. Code 420 92 III. Adm. Code 1070 92 III. Adm. Code 1030 23 III. Adm. Code 1001 14 III. Adm. Code 170 11 III. Adm. Code 170	STATE POLICE MERIT BOARD 80 III. Adm. Code 150 P.	STATE TOLL HIGHWAY AUTHORITY, ILLINOIS 92 III. Adm. Code 2520 State Toll Highway Rt 92 III. Adm. Code 2520 State Toll Highway Rt	STUDENT ASSISTANCE COM 23 III. Adm. Code 2731 23 III. Adm. Code 2720 23 III. Adm. Code 2720 23 III. Adm. Code 2730

STUDENT ASSISTANCE COMMISSION, ILLINOIS (CONT'D) 23 III. Adm. Code 2733 III. Veteran Grant (IVG) Program 23 III. Adm. Code 2761 Merit Recomition Scholarship (M.		
23 III. Adm. Cod 23 III. Adm. Cod	ANOE COR	MICEPAL III INICIE (PONITE)
23 III. Adm. Cod	e 2733	III. Veteran Grant (IVG) Program (P-1444)
	e 2761	Merit Recognition Scholarship (MRS) Program (P-1453)
23 III. Adm. Code 2763	e 2763	Minority Teachers of III. (MTI) Scholarship Program (E-175) (P-1459)
23 III. Adm. Cod	Code 2735	Monetary Award Program (P-1470)
23 III. Adm. Cod	Code 2762	Paul Douglas Teacher Scholarship Program (P-1484)
23 III. Adm. Cod	Code 2732	Police Officer/Fire Officer Grant Program (P-1493)
23 III. Adm. Code 2760	e 2760	State Scholar Program (P-1497)
23 Ill. Adm. Code 2770	e 2770	Student to Student (STS) Program of Matching Grants (P-1505)
TRANSPORTATION, DEPARTMENT OF	N, DEPAR	MENT OF
4 III. Adm. Code 750	e 750	Americans With Disabilities Act Grievance Procedure (A-11418/92; CC-1673)
92 III. Adm. Code 522	le 522	Control of Outdoor Advertising Adjacent to Primary & Interstate Highways (P.081)
92 III. Adm. Code 440	le 440	Minimum (2001) Minimum States Standards for Construction of Type I School Buses (P-15835/92);
		A-5330)
92 III. Adm. Code 442	e 442	Minimum satety Standards for Constructio of 1 ype 11 School Buses (P-13843/92; A-3540)
92 III. Adm. Code 67	e 67	Morris Municipal Airport Hazard Zoning (P-1767)
92 III. Adm. Cod	Code 77	Scott Joint-Use Airport Hazard Zoning (P-1789)
92 III. Adm. Cod	Code 453	Specifications for Seat Safety Belts (P-2186)
92 III. Adm. Cod	Code 451	Vehicle Inspections (P-3110)
TREASURER		
74 III. Adm. Cod	Code 750	Home Ownership Made Easy Act (P-777) (PR-762)
74 III. Adm. Code 740	ie 740	 Public Treasurers' Investment Pool for Public Treasurers in the State of III. (P-585)
80 III. Adm. Code 620	e 620	Merit & Fitness (P-91) (W-869)
74 III. Adm. Code 730	le 730	Smart Money Program Confidentiality Requirements (PP-1671; O-3057)
UNIVERSITY OF ILLIN 89 III. Adm. Code 1200	ILLINOIS,	UNIVERSITY OF ILLINOIS, BOARD OF TRUSTEES OF THE 89 III. Adm. Code 1200 Program Content & Guidelines for Division of Specialized Care for Children (P-15354/92; A-1137)
TOTED ANG! AFEA IDG. DEDADTMENT OF	me nepv	THENT OF
VEIEKANS AFFAIKS, 4 III Adm Code 325	ALKS, DEFA	CIMENT OF Americans With Disabilities Act Grievance Procedure (A-8565/92; CC-1673)

4 III. Adm. Code 325 Americans With Disabilities Act Grievance Procedure (A-8565/92; CC-1PUBLIC HEARINGS

ENVIRONMENTAL PROTECTION AGENCY
Payment of Claims from the Underground Storage Tank Fund;

35 III. Adm. Code 876

681

Vol. 17, Issue #11 CUMULATIVE INDEX	March 12, 1993	ol. 17, Issue #11 CUMULATIVE INDEX	March 12, 1993
PUBLIC INFORMATION		EXECUTIVE ORDERS AND PROCLAMATIONS	
BANKS & TRUST COMPANIES, COMMISSIONER OF Notice of Acceptance of an Application by CNB Bancshares, Inc., Evansville, Lodisma to Acceptance South Central III Bancon Inc. Effinism III	0702	EXECUTIVE ORDERS 92-7 Sexual Harassment in State Agencies	518
Notice of Acceptance of an Application by First of America Bank Corporation, Kalamazoo, Michigan, to Acquire Kewanee Investing Company, Inc.,		Ingered .	185
Kewanee, III. Notice of Acceptance of An Application by Mercantile Bancorporation, Inc.,	2080	92-555 Robert Beckwith Day 92-556 Amold Kanter Day	185
St. Louis, Missouri, to Acquire First National Bank of Flora, Flora, III. 2081 Notice of Acceptance of an Application for AMBANC Corp., Vincennes, Indiana, to Acquire Farmers'	2081 na, to Acquire Farmers'	92-557 Florsheim Shoe Company Year 92-558 Afro-American History Month	186 187
State Bank of Palestine, Palestine, III.	3557	92-559 American History Month 92-560 Centennial Date For The Village of Cary, Illinois	187
EDUCATION, STATE BOARD OF State Plan for Fiscal Years 1993-95, Amendment	2082		18S 189
TANTO ANAMARATA DE OTTO OTTO A OTALO		92-563 Veterinary Medical Education Week	189
Listing of Derived Water Quality Criteria; 35 III. Adm. Code 302	507		524
I OTTEDV DEDADTMENT OF THE		92-566 Red Cloud Native American Week 93-001 Autism Week	873
List of Game-Specific Materials Published by the Lottery in 1992	. 870		628
POLLITION CONTROL BOARD		93-003 Lewis University Year 93-004 School Social Work Week	880
Notice Pursuant to III. Rev. Stat. 1991, Ch. 111 1/2, Par. 1007.2(b)	872		799
Notice Pursuant to III. Rev. Stat. 1991, Ch. 111 1/2, Par. 1007.2(b)	0.71	93-006 Land Surveyors Month 93-007 Onincy Salvation Army/100th Birthday	77
Notice Pursuant to III. Rev. Stat. 1991, Ch. 111 1/2, Par. 1007.2(b)	* 60		1247
RCRA Rules Pursuant to Section 22.4(a)	877		8501
		93-010 Mid-America Housing Expo Days	248
KEVENUE, DEFARINENT OF Index of Letter Rulings (Third Ouarter of 1992) (Income Tax)	3558		1683
			1684
REGULATORY FLEXIBILITY ANALYSIS		93-002 George Fradel Day (Revised) 93-014 Activity Professionals Day	2097
			2098
COMMERCE AND COMMUNITY AFFAIRS, DEPARTMENT OF	1000	93-016 Braille Literacy Week 93-017 Sales and Marketiny Month	8602
NOTICE OF REPUTATORY TRANSPORTS			2099
JOINT COMMITTEE ON ADMINISTRATIVE RULES			2100
			2100
AGENDA	013	93-021 Girls and Women In Sports Day 03-027 Snovemobile Safety Week	2101
Agenda for Meeting of February 17 1993	1676		2102
Agenda for Meeting of March 9, 1993			2102
CECOMIN MODIFICE DEFINER		93-025 Little City Foundation-World's Largest Indoor Super Bowl Party Day 93-026 Catholic Schools Week/Catholic Schools Appreciation Day	2102
SECUND NOTICES RECEIVED 182, 517, 682, 878, 1245, 1682, 2096, 2442, 2520, 3065, 3566,			1016
		93-028 Music In Our Schools Day	2444

	March 12, 1993
ILLINOIS REGISTER	CUMULATIVE INDEX
	, Issue #11
	Vol. 17,

03 030 Emission Work	2444
Engineers week	1447
Future Business Leaders Of America-Phi Beta Lambda Week	2444
Melba Johnson Day	2445
Nutrition Month	2446
Black Nurses' Day	2446
Child Passenger Safety Awareness Week	2446
Lithuanian Independence Day	2521
FFA Week	2521
Jaycee Child Identification Day	2522
Frank W. Considine Day	3066
Long-Term Care Administrators	3066
Nursing Home Week	3067
Agriculture Day	3567
DuSable Museum of African American History Day	3567
Licensed Practical Nurse Week	3568
Gold Heart Day	3568
Rural Electric And Telephone Youth Day	3569
David Cray Day	3569
Lewis And Clark Month	3570
Youth Art Month	3570
Business Opportunity Days	3571
Dr. Charles Richard Drew Center For Health Sciences Continuing Education D591	cation Day1
Free Paper Week	3572
Lutheran Schools Week	3572
Motorcycle Awareness Month	3573
Sarah Siddons Society Day	3573
Sertoma National Heritage Freedom Week	3574
Tomado Prenaredness Week	3574

11

The Sections Affected Index lists, by Title, each Section of a Part on which rulemaking activity has occurred in this volume (calendar year) of the Register. The columns indicate the type of rulemaking activity and the action taken along with the page number on which the first page of the notice of rulemaking activity appeared. If a Section on which action is being taken in the current volume of the Register was proposed in a previous volume, the last two digits of the previous volume's year appear immediately after the page number separated by a slash (e.g. 11 Ill. Adm. Code 436.05 was proposed last year and adopted this year. The action entry reads: (P-15655/91; A-4520). The codes are listed below.

ODES	PF = Prohibited filing S = Suspension O = JCAR Objection R = Refusal to Modify F = Failure to Remedy Objections Objection RC = Recommendation EC = Expedited Correction CC = Codification Changes	
ACTION CODES	A = Adopted rule C = Correction P = Proposed Rule E = Emergency rule PP = Peremptory rule M = Modification W = Withdrawal RQ = Request for Correction	
TYPE OF RULEMAKING	am = amendment to existing Section cc = codification changes n = new Section r = repeal of existing Section re = recodified # = renumbered	

X March 12, 1993	(D-527)			am (P-527)	am (P-527)	am (PP-2063)	am (PP-2063)	п (Р-14975/92; А-2189)	n (P-14975/92; A-2189)	n (P-14975/92: A-2189)	n (P-14975/92: A-2189)		n (P-14975/92: A-2189)			n (P-14975/92: A-2189)	n (P-1251)	n (P-1251)	n (P-1251)	n (P-1251)			am (P-1728)	r (P2439/92; A-3034)	r (P2439/92; A-3034)	am (P2439/92; A-3034)	n (P-1372)	am (P-13218/92; A-1628)	am (P-12133/92; A-3038)	r (P-12133/92; A-3038)			am (P-13784/92; A-427)	am (P-13691/92; A-1837)			am (P-13691/92; A-1837)			n (P-9222/92; A	n (P-9222/92; A-1859)	n (P-9222/02; A-1859)								
SECTIONS AFFECTED INDEX	65 200	65.200	03.210	63.220	65.230	125.270	125.390	256.10	256.20	256.30	256.40	256.50	256.60	256.70	256.80	256.90	750.10	750.20	750.30	750.40		TITLE 11	1303.70	1305.120	1305.130	1305.140	1411.250	1413.150	1424.170	1424.175		TITLE 14	170.20	520.920	520.930	520.1020	520.1030	1230.100	1230.110	1230.200	1230.210	1230.300	1230,310	1230,500	1230.500	1230.510	1230.520	1230.530	0F\$ 0EL1	UFC.UC71
#11		(D 1363)	(F-1203)	(P-1263)	(P-1263)	(P-1263)	(P-1263)	(P-1954/92; A-2200)	(P-1954/92; A-2200)	(P-1954/92; A-2200)	(P-1954/92; A-2200)		(P-1954/92; A-2200)	(P-1954/92; A-2200)	(P-7749/92; A-2945)	(P-7749/92; A-2945)	(P-7749/92; A-2945)	(P-7749/92; A-2945)	(P-7749/92; A-2945)	(P-7749/92; A-2945)	(P-7749/92; A-2945)	(A-7003/92; CC-1673)	(A-15102/92; CC-1673)	(A-8565/92; CC-1673)	(A-15976/92; CC-1673)	(A-12439/92; CC-1673)	(A-10423/92; CC-1673)	(A-11426/92; CC-1673)	(A-11744/92; CC-1673)	(A-14621/92; CC-1673)	(A-11432/92; CC-1673)	(A-11418/92; CC-1673)	(A-19806/92; CC-1673)	(A-20092/92; CC-1673)	(P-14182/92; A-142)	(P-14182/92; A-142)		(P-14182/92; A-142)	(P-14182/92; A-142)	(P-14182/92; A-142)	(P-14182/92; A-142)			(P-527)	(P-527)	(P-527)	(P-527)	(P-527)	(P-527)	(L-27/)
, Issue	T'D)	1	П		E	п	п	п	п	п	п	п	п	п	п	u	n	п	п	п	п														ш	CI.	ш	п	п	п	п			am	ати	ати	am	am	EL S	ап
Volume 17	TITLE 4 (CONT.D)	150 30	130.20	150.30	150.40	150.50	150.60	200.1	200.2	200.20	200.30	200.50	200.60	200.70	250.10	225.20	225.30	225.40	225.50	225.60	225.70	275	300	325	375	400	475	200	550	575	725	750	975	1000	1075.1	1075.20	1075.30	1075.40	1075.50	1075.60	1075.70		TITLE 8	65.10	65.100	65.130	65.140	65.150	65 170	07.170
March 12, 1993	(P-2867)	(P-2867)	(1 2001)	(F-2007)	(F-2807)	(F-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)		(P-2867)		(P-2867)	(P-2867)	(P-2867)		(P-2867)		(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-11391/92; A-1511)	(F-11391/92; A-1311)	(P-11391/92; A-1311)	(F-11391/92; A-1311)	(F-11391/92; A-1311)					(P-2283/92; A-1811)	(P-2283/92; A-1811)		(P-2283/92; A-1811)		(P-2283/92; A-1811)	(P-2283/92; A-1811)	(11000) (27/20077-1)
EX	am	E	erii i	anı	am	am	ап	am	аш	am	аш	am	ати	аш	ати	am	аш	п	am	am		аш		п	п	п		аш		am	am	ати	п	аш	аш	i 1	аш	les .			п	n	C	u	п	С	п	С	п	=
SECTIONS AFFECTED INDEX	100.700	100 710	100.140	100.740	100.800	100.810	100.820	100.900	100.910	100.920	100.1000	100.1010	100.1020	100.1030	100.1100	100.1110	100.1150	100.1160	100.1200	100.1210	100.Ap.A	11.A	100.Ap.B	II.G	H.II	II.I	100.Ap.D	II.A	100.Ap.E	II.C	II.D	II.F	II.G	300,100	300.200	300.300	300.400	SUO.Ap.A		TILE 4	125.10	125.20	125.30	125.40	125.50	125.60	125.70	125.80	125.Ap.A	***********
SECTIONS																																																		
le #11		(P-2867)	(1202 I)	(P-2007)	(F-2807)	(P-2807)	(F-286/)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(F-2801)	(P-2807)	(P-2807)	(F-2807)	(P-2807)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(P-2867)	(1-2001)
Issue		me	1119	HE	аш	am	am	am	am	am	am	am	am	am	аш	п	am	am	атп	am	am	am	аш	аш	am	аш	аш	am	am	атл	am	am	am	am	Ше	am	аш	TIR.	am E	am	аш	ат	атп	аш	аш	ати	ати	am	am	0111
Volume 17,	TITLE 1	100 100	100.100	100.130	100.120	100.130	100.140	100.150	100.160	100.180	100.200	100.210	100.220	100.230	100.240	100.250	100.260	100.270	100.280	100.300	100.310	100.320	100.330	100.335	100.340	100.345	100.350	100.360	100.380	100.385	100.390	100.400	100.410	100.415	100.420	100.430	100.440	100.430	100.500	100.510	100.530	100.540	100.545	100.550	100.600	100.610	100.620	100.640	100.650	100.000

3, 1993																					4-1871)	4-1878)	18856/92;	M-2438)			A-123)	A-123)	4-123)	4-123)	A-123)	A-123)	A-3513)	A-3513)	4-3513)	4-3513)	A-3513)	A-3513)	A-3513)	1-3513)	1-3513)
March 12	(P-2533)	(P-2533)	(P-2533)	(P-2333)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(F-2333) (P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533) (P-16465/92: A-1871)	(P-16473/92; A-1878)	(E-16191/92; O-18856/92;	RC-18857/92; M-2438) (P-18890/92)	(2/10/00 1)		(P-14006/92; A-123)	(P-14006/92; A-123)	(P-14006/92; A-123)	(P-14006/92; A-123)	(P-14006/92;	(P-14006/92;	(P-17570/92;	(P-17570/92;	(P-17570/92; A-3513)	(P-1/5/0/92; A-3513)	(P-1/5/0/92;)	(P-1/5/0/92; 7	(P-17570/92; 7	(P-17570/92; A-3513)	(D-17570/07: A-3513)
×	п	E .	и	c :	: :	: =	am	am	am	am	аш	am	am	аш	аш	alli	#,n	n	п	п	#,am	am	п				am	I	am am	п	п	аш	п	п	n	n	ати	am	am am	am	2
SECTIONS AFFECTED INDEX	611.355	611.356	611.357	611.338	611.360	611.361	611.521	611.560	611.611	611.612	611.630	611.640	611.646	611.647	611.648	611 An E	611.Tb.D	611.Tb.E	611.Tb.F	611.Tb.G	615.105	616.105	876.200			TITLE 38	180.10	180.22	180.24	180.92	180.94	180.100	450.135	450.145	450.160	450.105	450.173	450.210	450.220	450,410	450 425
TT# an		(P-958)	(P-958)	(P-958)	(P-958)	(P-958)	(P-958)	(P-958)	(P-958)	(P-958)	(P-958)	(P-958)	(P-958)	(P-958)	(P-938)		(P-2469)	(P-2469)	(P-2469)	(P-2469)	(P-2469) (P-2469)	(P-2469)	(P-2469)	(P-2469) (P-2469)	(P-2469)	(P-2682)	(P-2682)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2533)	(P-2333)	(P-2333)	(F-2333) (P-2533)	(F-2333) (P-2533)	(P-2533)	(P-2533)
anssr '	NT'D)	am	am	am	атп	am	am	am	am	am	am	am	am	аш	аш		n	u	u	п	g g	п	U	= =	1 11	bea	I	am	am	am	am	am	п	am	am	E	am	am am	п	1 11	r
/T awnto/	TITLE 23 (CONT'D)	3040.100	3040.110	3040.120	3040.140	3040,150	3040.160	3040.170	3040,200	3040.210	3040.220	3040.230	3040.240	3040.250	3040,200	TITLE 35	320.101	320.102	320.103	320.104	320.103	320.202	320.203	320.204	320.302	605.101	605.102	611.101	611.110	611.111	611.112	611.113	611.130	611.280	611.290	611.297	611.300	611.301	611.350	611.351	611.352
March 12, 1993	(P-1403)	(P-1403)	(P-1403)	(F-1403) (P-1403)	(P-1403)	(P-1403)	(P-1403)	(P-1403)	(P-1403)	(P-1403)	(P-1437)	(P-1437)	(P-1437)	(P-1381)	(P-1381) (P-1493)	(P-1493)	(P-1444)	(P-1444)	(P-1444)	(P-1470)	(F-1470) (P-1470)	(P-1470)	(P-1470)	(P-1470)	(P-1470)	(P-1470)	(P-1497)	(P-1497)	(P-1497)	(P-1453)	(P-1453)	(P-1453)	(P-1484)	(F-1484)	(P-1484)	(F-1464)	(F-1439)	(E-1/3) (F-1439) (P-1459)	(P-1459)	(P-1459)	(P-1505)
March 12, 1	am (P-1403)			all! (F-1403)			am	am	am	am	am (P-1437)				am (F-1381)			am (P-1444)			am (<i>P</i> -1470) am (<i>P</i> -1470)	am (P-1470)		am (P-1470) am (P-1470)		am (P-1470)		am (P-1497)			am (P-1453)							am (P-1459)			am (P-1505)
March 12, 1	am	am	аш		am s	am			am	p.A am	am	am	am	am		am	am	am	am	am		am	am		am	0 am (am		am	am	am	am	am	аш	am		am	alti	am	am	am
FIT SECTIONS STECTED INDEA MALCH 12, 1	2720.55 am	2720.60 am	2720.70 am		2720.105 am	2720,120 am	2720.130 am	2720.200 am	2720.210 am	2720.Ap.A am	2730.5 am	2730.10 am	2730.20 am	2/31.10 am	ma m	am	2733.10 am	92; A-1519) 2733.20 am	am	am	am	2735.40 am	2735.50 am	am	2735.80 am	2735.100 am	1/92; A-1853) 2760.5 am	аш	2760.40 am	2761.10 am	2761.20 am	2761.30 am	2762.10 am	2/62.20 am	2762.30 am	E E	2/62.10 am	2703.20 alii 2763.30 am	2763.40 am	(E-2055) 2763.50 am	2770 10 am
CH 12, 1	2720.55 am	(E-1658) 2720.60 am	(P-15265/92; A-286) 2720.70 am	2720.90 am	(P-18181/92: A-3184) 2720.105 am	(P-18181/92; A-3184) 2720,120 am	(P-18181/92; A-3184) 2720.130 am	2720.200 am	2720.210 am	2720.Ap.A am	2730.5 am	(P-17405/92; A-3177) 2730.10 am	(P-17405/92; A-3177) 2730.20 am	(P-1/405/92; A-31//) 2/31.10 am	2732 10 °m	am	2733.10 am	2733.20 am	2733.30 am	am	2735.30 am	2735.40 am	(P-9253/92; A-104) 2735.50 am	2/35.60 am 2735.70 am	n (P-9253/92; A-104) 2735.80 am (2735.100 am	(P-12274/92; A-1853) 2760.5 am	2/60.10 am	(P-1385) 2760.40 am	(P-1385) 2761.10 am	2761.20 am	(P-1385) 2761.30 am	(P-1385) 2762.10 am	(F-1385) 2/62.20 am	(P-1403) 2762.30 am	(F-1403) 2/02.40 am	2/62.10 am	(P-1403) 2763 30 am	(P-1403) 2763.40 am	(P-1403) (E-2055) 2763.50 am	

SAI-4°

		ILLINOIS	ILLINOIS REGISTER				ILLINOIS	ILLINOIS REGISTER		
Volume 17,	Issue #1	#11 SECTIONS AF	SECTIONS AFFECTED INDEX	March 12, 1993	Volume 17,	Issue	#11	SECTIONS AFFECTED INDEX	×	March 12, 1993
TITLE 38 (CONT'D	(U.,		1075.2020 n	(P-2727)	TITLE 38 (CONT'D	(Q		5000.920	-	(P-11378/92: A-1006)
450.1335		(P-17570/92; A-3513)	1075.2025 n	(P-2727)	1075.2440 n		(P-2727)	5000.930		(P-11378/92; A-1006)
		(P-2727)	1075.2030 n	(P-2727)	1075.2450 n		(P-2727)	5000.940	n	(P-11378/92; A-1006)
1075.1700	п (Р-2	(P-2727)	1075.2035 n	(P-2727)	1075.2460 п		(P-2727)	5000.950		(P-11378/92; A-1006)
1075.1710	n (P-2	(P-2727)	1075.2040 n	(P-2727)	1075.2500 n		(P-2727)	5000,960	n	(P-11378/92; A-1006)
1075.1800	n (P-2	(P-2727)	1075.2045 n	(P-2727)	1075.2510 n		(P-2727)	5000.970	п	(P-11378/92; A-1006)
1075.1805	n (P-2	(P-2727)	1075.2050 n	(P-2727)	1075.2520 n		(P-2727)	5000.Ap.B	п	(P-11378.92; A-1006)
1075.1810	n (P-2	(P-2727)	1075.2055 n	(P-2727)	1075.2530 n		(P-2727)			
1075.1815	п (Р-2	(P-2727)	1075.2060 п	(P-2727)	1075.2540 n		(P-2727)	TITLE 47		
1075.1820	n (P-2	(P-2727)	1075.2065 n	(P-2727)	1075.2550 n		(P-2727)	130.10	T.	(P-1)
1075.1825	n (P-2	(P-2727)	1075.2070 n	(P-2727)	1075.2560 п		(P-2727)	130.20		(P-1)
1075.1830	п (Р-2	(P-2727)	1075.2075 n	(P-2727)	1075.2570 п		(P-2727)	130.30	jus	(P-1)
1075.1835		(P-2727)	1075.2080 n	(P-2727)	1075.2580 n		(P-2727)	130.40	Į.	(P-1)
1075.1840		(P-2727)	1075.2085 n	(P-2727)	1075.100 n		(P-2727)	130.50	ы	(P-1)
1075.1845	n (P-2	(P-2727)	1075.2090 n	(P-2727)	1075.100 n		(P-2727)	130.60	'n	(P-1)
1075.1850		(P-2727)	1075.2095 n	(P-2727)	1075.100 n		(P-2727)	130.70	i	(P-1)
1075.1855		(P-2727)	1075.2100 n	(P-2727)				130.80	1	(P-1)
1075.1860	n (P-2	(P-2727)	1075.2110 n	(P-2727)	TITLE 41			130.90	le:	(P-1)
1075.1865	n (P-2	(P-2727)	1075.2115 n	(P-2727)	170.530 au	am	(E-1186)	130,100	ъ	(P-1)
1075.1870	п (Р-2	(P-2727)	1075.2120 n	(P-2727)				130,110	ы	(P-1)
1075.1875	n (P-2	(P-2727)	1075.2125 n	(P-2727)	TITLE 44			370.101	u	(P-11713/92; A-319)
1075.1880	п (Р-2	(P-2727)	1075.2130 n	(P-2727)	1.100 a	am	(P-12808/92; A-600)	370.102	п	
1075.1885	n (P-2	(P-2727)	1075.2135 n	(P-2727)	1.350 a	am	(P-12808/92; A-600)	370.103	п	(P-11713/92; A-319)
1075.1890	n (P-2	(P-2727)	1075.2140 n	(P-2727)	1.515 n		(P-12808/92; A-600)	370.104	E	(P-11713/92; A-319)
1075.1895	n (P-2	(P-2727)	1075.2145 n	(P-2727)		am	(P-12808/92; A-600)	370.105	п	(P-11713/92; A-319)
1075.1900	п (Р-2	(P-2727)	1075.2150 n	(P-2727)		ат	(P-12808/92; A-600)	370.106	u	(P-11713/92; A-319)
1075.1905	n (P-2	(P-2727)	1075.2155 n	(P-2727)	1.620 au	am	(P-12808/92; A-600)	370.107	=	(P-11713/92; A-319)
1075.1910	п (Р-2	(P-2727)	1075.2160 n	(P-2727)	1.630 a	am	(P-12808/92; A-600)	370.108	п	(P-11713/92; A-319)
1075.1915	n (P-2	(P-2727)	1075.2165 n	(P-2727)	610.100 n		(P-1697)	370.109	п	(P-11713/92; A-319)
1075.1920	п (P-2	(P-2727)	1075.2170 n	(P-2727)	610.110 n		(P-1697)	370.110	п	(P-11713/92; A-319)
1075.1925	n (P-2	(P-2727)	1075.2200 n	(P-2727)	610.120 n		(P-1697)	370.111	CI CI	(P-11713/92; A-319)
1075.1930	n (P-2	(P-2727)	1075.2210 n	(P-2727)	610.200 n		(P-1697)	370.112	П	(P-11713/92; A-319)
1075.1935	n (P-2	(P-2727)	1075.2220 n	(P-2727)	610.210 n		(P-1697)	370.113	_	(P-11713/92; A-319)
1075.1940	n (P-2	(P-2727)	1075.2230 n	(P-2727)	610.220 п		(P-1697)	370.201	п	(P-11713/92; A-319)
1075.1945	n (P-2	(P-2727)	1075.2240 n	(P-2727)	610.230 n		(P-1697)	370.202	п	(P-11713/92; A-319)
1075.1950	n (P-2	(P-2727)	1075.2300 n	(P-2727)			(P-1697)	370.203	п	(P-11713/92; A-319)
1075.1955	n (P-2	(P-2727)	1075.2310 n	(P-2727)			(P-1697)	370.204	п	(P-11713/92; A-319)
1075.1960	n (P-2	(P-2727)	1075.2320 n	(P-2727)	610.260 n		(P-1697)	370.205	п	(P-11713/92; A-319)
1075.1965	n (P-2	(P-2727)	1075.2330 n	(P-2727)	610.270 n		(P-1697)	370.206	L L	(P-11713/92; A-319)
1075.1970	n (P-2	(P-2727)	1075,2340 n	(P-2727)	610.280 n		(P-1697)	370.207	п	
1075.1975	n (P-2	(P-2727)	1075.2350 n	(P-2727)	610.300 n		(P-1697)	370.208	c	(P-11713/92; A-319)
1075.1980	п (Р-2	(P-2727)	1075.2360 n	(P-2727)	610.310 n		(P-1697)	370.209	ш	(P-11713/92; A-319)
1075.1985	n (P-2	(P-2727)	1075.2370 n	(P-2727)	610.320 n		(P-1697)	370.210		(P-11713/92; A-319)
1075.1990	n (P-2	(P-2727)	1075.2380 n	(P-2727)	610.330 n		(P-1697)	370.211	п	(P-11713/92; A-319)
1075.1995	n (P-2	(P-2727)	1075.2390 n	(P-2727)	610.340 n		(P-1697)	370.212	u u	(P-11713/92; A-319)
1075.2000	n (P-2	(P-2727)	1075.2400 n	(P-2727)	610.350 n		(P-1697)	370.301	п	
1075 2005	n (P.2	(P 2727)	1075.2410 n	(LiL: d)		am	(P 2105) (F 3361)	1000	=	
1075.2010	n (P-2	P-2727)	1075.2420 n	(P-2727)	5000.900 n		(P-11378/92; A-1006)	370.303	п	(P-11713/92; A-319)
1075.2015	n (P-2	(P-2727)	1075.2430 n	(P-2727)	5000.910 n		(P-11378/92; A-1006)	370.304	u	(P-11713/92; A-319)

Volume 17,	Issue #1	1 SEC	ILLINOIS REGISTER TIONS AFFECTED IND	EX	March 12, 1993	[] []	i i	11.1	ILLINOIS REGISTER	į.	10
						7	Tesme	# T T	SECTIONS AFFECTED INDEX	March 17, 1993	
TITLE 47 (CONT'D)	T'D)		805.30	am	(P-42) (E-154)	TITLE 56 (CONT'D	(Q.,		1210.80 am	n (P-16374/92: A-1535)	
370,305	u	(P-11713/92; A-319)	805.40	am	(P-42) (E-154)	2732.227		(P-211)			
370.401	п		805.50	am	(P-42) (E-154)		am	(P-12006/92: A-308)	0		
370,402	ŭ	(P-11713/92; A-319)	805.60	am	(P-42) (E-154)	0	am	(P-12006/92: A-308)		(P-16374/92: A-1535)	
370.501	u	(P-11713/92; A-319)	805.70	am	(P-42) (E-154)		п	(P-12006/92: A-308)		(P-16374/92;	
370.502	п	(P-11713/92; A-319)	920.10	<u>.</u>	(P-2530)		am	(P-12006/92: A-308)		(P-16374/92:	
370.503	п		920.20	in	(P-2530)			(P-12006/92: A-308)		(P-16374/92	
370.504	п	(P-11713/92; A-319)	927.10	am	(P-2106)			(P-12006/92: A-308)		(P-16374/92)	
370.505	п	(P-11713/92; A-319)	927.20	атл	(P-2106)		1 6	(P-2523)		(D-16374/92,	
370.506	п	(P-11713/92; A-319)	927.30	am	(P-2106)		= 6	(P-12006/02: A-308)		(F-103/4/92)	
370.507	u	(P-11713/92; A-319)	932.20	am	(P-7279/92; O-1240)		- F	(F-12000/92, A-308)		(F-103/4/92;	
370.601	u	(P-11713/92; A-319)	932.40	am	(P-7279/92; O-1240)	0	MIN	(F-12000/92; A-300)	۰	(P-103/4/92;	
370.602	п	(P-11713/92; A-319)	932.60	am	(P-7279/92; O-1240)		UIR	(F-13038/92; A-014)	1210.190 am	(P-163/4/92;	
370.603	TI.	(P-11713/92; A-319)	2013.10	am	(P-10375/92; A-1525)		a 1	(F-13036/92; A-014)	1210.200 r	(F-103/4/92; A-1333)	
370.604	п	(P-11713/92; A-319)	2013.20	am	(P-10375/92; A-1525)		11	(F-13036/92; A-014)	1210.210		
370,605	r.	(P-11713/92; A-319)	2013,30	аш	(P-10375/92; A-1525)		аш	(F-13038/92; A-014)		(P-103/4/92;	
370.701		(P-11713/92: A-319)	2013.40	am	(P-10375/92: A-1525)		аш	(F-13038/92; A-014)		(P-163/4/92;	
370.702	=	(P-11713/92: A-319)	2013.50	am	Ą		am	(P-15638/92; A-614)		(P-163/4/92;	
370.703		(P-11713/92: A-319)	2013.60	шв	(P-10375/92: A-1525)		am	(P-15625/92; A-295)	1210.240 am	(P-16374/92;	
370 704	1 6	(D.11713/02: A.310)	2013.70	1111	(D 10275/00: A 1505)		am	(P-15625/92; A-295)	1210.250 r		
370.705	= :	(F-11/13/92, A-319)	2013.70	a III	(F-10313/32, A-1323)	0	am	(P-15625/92; A-295)	1220.160 am	(P-15762/92;	
207.076	= :	(F-11/13/92; A-319)	2013.20	=	(F-050)	2840.25 n	п	(P-886)	1220.170 n	(P-15762/92; A-1559)	
370.706	п :	(F-11/13/92; A-319)	2015.30	п	(F-690)				1220.260 ат	1 (P-15762/92; A-1559)	
370.707	u	(P-11/13/92; A-319)	2015.40	c	(P-696)	TITLE 62			1220.270 n	(P-15762/92; A-1559)	
370.801	а	(F-11/13/92; A-319)	2015.50	п	(F-696)	240.131 n	u	(P-13722/92; A-2217)	1220.360 n	(P-15762/92; A-1559)	
3/0.802	a a	(P-11/13/92; A-319)	2015.60	п	(P-696)	240.132 n	п	(P-13722/92; A-2217)		(P-15762/92; A-1559)	
370.901	п	(P-11713/92; A-319)	7020.80	am	(P-14511/92; A-2206)		п	(P-13722/92; A-2217)	1220.440 n	(P-15762/92; A-1559)	
370.902	п	(P-11713/92; A-319)	The state of				am	(P-13722/92; A-2217)		(P-15762/92; A-1559)	
3 / 0.903	=	(P-11713/92; A-319)	IIILE 56			240.170 a	am	(P-13722/92; A-2217)	1220. Ар. В ат	(P-1708)	
370.904	п	(P-11713/92; A-319)	350.280	am	(P-3780/92; O-180;		am	(P-13722/92; A-2217)			
370.1001	п	(P-11713/92; A-319)			A-1074; R-1239)	240.190 a	am	(P-13722/92; A-2217)			
370.1002	п	(P-11713/92; A-319)	2520.700	* ±	(P-10)		am	(P-13722/92; A-2217)	0		
370.1003	п	(P-11713/92; A-319)	2520.700	am	(P-10)	0	am	(E-1195)	1240,15 an		
370.1004	п	(P-11713/92; A-319)	2520.710	am	(P-10)						
370.1005	п	(P-11713/92; A-319)	2520.720	am	(P-10)	TITLE 68				(P-15775/92:	
370.1006	п	(P-11713/92; A-319)	2520.730	атп	(P-10)	010	am	(P-15056/92: A-417)		(P-16484/92:	
370.1007	n	(P-11713/92; A-319)	2520.740	* t:	(P-10)		am	(P-15056/92; A-417)	1455.10 n	(P-15785/92:	
370.1101	п	(P-11713/92; A-319)	2520.750	ľ	(P-10)		am	(P-15056/92; A-417)		(P-15785/92; A-1589)	
I attach			2520.760	am	(P-10)		am	(P-15056/92; A-417)	1455.20 n	(P-15785/92; A-1589)	
111LE 50			2520.770	am	(F-10)		am	(P-15056/92; A-417)	1455.30 n	(P-15785/92; A-1589)	
802.10	am	(F-44) (E-103)	2520.780	am	(P-10)	750.4010 a	am	(P-15056/92; A-417)	1455.40 n	(P-15785/92; A-1589)	
802.20	am	(P-44) (E-163)	2520.790	am	(P-10)	1150.40 a	am	(P-17042/92; A-1554)	1455.50 n	(P-15785/92; A-1589)	
802.30	am	(P-44) (E-163)	2520.795	am	(P-10)	1210.10 a	am	(P-16374/92; A-1535)		(P-15785/92; A-1589)	
802.40	am	(P-44) (E-163)	2520.797	am	(P-10)		am	(P-16374/92; A-1535)		(P-15785/92; A-1589)	
802.50	ато	(P-44) (E-163)	2520.Ap.A	am	(P-10)		п		0	(P-890)	
802.60	am	(P-44) (E-163)	2712.201	am	(P-17853/92; A-3194)			(P-16374/92: A-1535)	1455.210 n	(P-15785/92: A-1589)	
802.70	am	(P-44) (E-163)	2712.203	am	(P-17853/92; A-3194)	1210.40 r		(P-16374/92; A-1535)		(P-15785/92; A-1589)	
802.80	am	(P-44) (E-163)	2712.205	am	(P-17853/92; A-3194)	1210.50 r		(P-16374/92; A-1535)	1455.310 n	(P-15785/92; A-1589)	
805.10	аш	(P-42) (E-154)	2712.207	am	(P-17853/92; A-3194)		am	(P-16374/92; A-1535)	1465.10 r	(P-890)	
805.20	аш	(P-42) (E-154)	2732.225	и	(P-211)		am	(P-16374/92; A-1535)	1465.30 am		

	March 12,
ILLINOIS REGISTER	SECTIONS AFFECTED INDEX
	Volume 17, Issue #11
	March 12, 1993
ILLINOIS REGISTER	SECTIONS AFFECTED INDEX
	Issue #11
	Volume 17,

			LINOIS REGISTER			- 1			ILLINOIS REGISTER		
Volume 1/, issue	Issue #11		SECTIONS AFFECTED INDEX	EX	March 12, 1993	Volume 17,	Issue	#11	SECTIONS AFFECTED INDEX	March 1	12, 1993
TITLE 68 (CONT'D)	_		TITLE 77			TITLE 77 (CONT'D)	(Q.		694.Ap.A r	(P-13414/92; A-2306)	A-2306)
1465.35	n (P-890)	(06	205.620	am	(P-3426/92; A-3507)	390,680 a	am	(P-1296)	694.Ap.B r	(P-13414/92; A-2306)	A-2306)
1465.36	(P-890)	(00	245.40	am	(P-747)	390.685	am	(P-1296)	695.10 am		A-2975)
1465.80	n (P-890)	(00	250.2720	п	(P-2016/92; A-1614)	390.3210 a	am	(P-1296)	695.30 am		A-2975)
1465.90	am (P-890)	(Ot	300.175	am	(P-1346)	0	аш		695.40 am		A-2975)
-			300.180	am	(P-1346)		am		695.50 n	(P-13472/92; A-2975)	A-2975)
TITLE 74			300.260	am	(E-2420)		am	(P-8066/92; A-2984)	695.Ap.A n	(P-13472/92; A-2975)	A-2975)
730.10	n (PP-1	PP-1671; O-3057)	300.270	am	(P-1346)		am	(P-8066/92; A-2984)	697.20 am		(2887)
740.5	п (Р-585)	(5)	300.271	п	(E-2420)		am	(P-8066/92; A-2984)	697.30 am	(E-1204) (P-2687)	2687)
740.10	am (P-585)	(5)	300.278	am	(E-2420)		атп	(P-8066/92; A-2984)	750.540 am	(P-723)	
740.20	am (P-585)	(5)	300.290	am	(E-2420)		am	(P-8066/92; A-2984)	750.1810 am	(P-723)	
740.30	п (Р-585)	(5)	300,630	am	(P-1346)	395.160 a	am	(P-8066/92; A-2984)	750.1820 am	(P-723)	
750.10	r (P-762)	(2)	300.660	am	(P-1346)	395.170 a	аш	(P-8066/92; A-2984)	750.1830 am		
750.10	n (P-777)	(2,	300.665	am	(P-1346)	395.175 n	п	(P-8066/92; A-2984)	750.1855 n	(P-723)	
750.20	r (P-762)	(2)	300.3210	ати	(P-1346)	395.180 a	аш	(P-8066/92; A-2984)	750.1865 am	(P-723)	
750.20	n (P-777)	(7)	300,3330	am	(P-1346)	395.190 a	am	(P-8066/92; A-2984)	750.Ap.B am		
750.30	r (P-762)	(2)	330.175	am	(P-1321)	395.200 r		(P-8066/92; A-2984)	750.Ap.C am		
750.30	п (Р-777)	(7)	330,180	am	(P-1321)	395.300 a	am	(P-8066/92; A-2984)	750.Ap.E n	(P-723)	
750.40	r (P-762)	(2)	330.260	am	(E-2405)	395.400 a	аш	(P-8066/92; A-2984)	775.10 am		
750.40	n (P-777)	(7)	330.270	am	(P-1321)	630.20 a	am	(P-8103/92; A-3013)			
750.41	r (P-762)	(2)	330.271	п	(E-2405)	630.90 a	am	(P-8103/92; A-3013)	775.70 am		
750.50	r (P-762)	(2)	330.278	am	(E-2405)	630.200 a	am	(P-8103/92; A-3013)	775.110 am		
750.50	n (P-777)	(7)	330.290	am	(E-2405)	630.220 a	аш	(P-3069)	775.140 am	(P-906)	
750.60	r (P-762)	(2)	330,730	am	(P-1321)	661.70 a	am	(P-757)	775.150 n	(P-906)	
750.60	7777-d) n	(7)	330.916	ы	(P-1321)	665.100 a	am	(P-2697)	785.110 аш	(P-920)	
750.70	r (P-762)	2)	330.4210	am	(P-1321)	665.110 r	_	(P-2697)	785.120 am		
750.70	n (P-777)	7)	330,4330	am	(P-1321)	665.120 a	am	(P-2697)	785.200 am		
750.80	r (P-762)	2)	350.175	am	(P-1269)		am	(P-2697)	785.290 am		
750.80	n (P-777)	()	350.180	am	(P-1269)		am	(P-2697)	785.300 am		
750.90	r (P-762)	2)	350.260	am	(E-2373)		am	(P-2697)	785.355 n	(P-920)	
750.90	n (P-777)	7)	350.270	am	(P-1269)		am	(P-2697)	785.578 n	(P-920)	
750.100	r (P-762)	2)	350.271	п	(E-2373)		am	(P-2697)	785.1210 n	(P-920)	
750.100	n (P-777)	. (1	350,278	am	(E-2373)		am	(P-2697)	785.1220 n	(P-920)	
750.110	r (P-762)	2)	350,290	am	(E-2373)		am	(P-2697)	840.20 am		A-2319)
750.110	n (P-777)	7)	350,640	am	(P-1269)		am	(P-2697)	840.115 am		A-2319)
750.120	r (P-762)	2)	350.680	am	(P-1269)		am	(P-2697)	840.210 am		A-2319)
750.120	n (P-777)	7)	350,685	am	(P-1269)		am	(P-2697)	840.215 am		A-2319)
750.130	r (P-762)	2)	350.3210	am	(P-1269)		am	(P-2697)	840.305 am		A-2319)
750.130	n (P-777)	7)	350.3330	am	(P-1269)	665.610 a	am	(P-2697)	840.310 am		A-2319)
750.140	r (P-762)	2)	350.3730	am	(P-4791/92; A-2351)	665.620 a	am	(P-2697)	840.Ap.B		
750.140	n (P-777)	7)	350.Ap.A	L	(P-1269)		am	(P-2697)	.Ex.A am		A-2319)
750.150	(P-777)	7)	390.175	am	(P-1296)	665.640 a	атп	(P-2697)	.II.A r	(P-4329/92; A-2319)	A-2319)
750.Ap.A	r (P-762)	2)	390.180	am	(P-1296)	665.Ap.B r	T	(P-2697)	.Ex.B n	(P-4329/92; A-2319)	A-2319)
750.Ap.A	n (P-777)	7)	390.260	аш	(E-2390)	693.15 a	am	(E-1213) (P-2711)	.11.B r	(P-4329/92;	A-2319)
750.Ap.B	r (P-762)	2)	390.270	ат	(P-1296)	693.20 a	am	(E-1213) (P-2711)	840.Ap.C		
750.Ap.B	7777-d) n	7)	390.271	п	(E-2390)	694.20 a	am	(P-13414/92; A-2306)	.Ex.B am		A-2319)
750.Ap.C	r (P-762)	2)	390.278	аш	(E-2390)	694.100 a	am	(P-13414/92; A-2306)	845.10 am		A-1884)
750.Ap.C	n (P-777)	7)	390.290	am	(E-2390)		am	(P-13414/92; A-2306)	845.15 n	(P-12314/92	A-1884)
750.Ap.D	(P-777	7)	390.640	аш	(P-1296)	694.120 a	аш	(P-13414/92; A-2306)	845.20 am	(P-12314/92; A-1884)	A-1884)

, Issue #11 SE	CTIONS	SECTIONS AFFECTED INDEX	XX	March 12, 1993	Volume 17.	. Issue	7 7 4	SECTIONS AFFECTED INDEX	March	1 12 1992
							4	STATE OF THE PARTY		177
	310.130		am	(P-13679/92; A-238)	TITLE 83 (CONT'D)	(T.D)		105.1010 n		(P-219) (E-445)
	310.290		am	(P-191; C-672)	275.20	аш	(P-8269/92; A-98;	110,115 au	am (P-2507)	
(P-12314/92; A-1884)				(P-14001/92; A-1819)			RQ-2075)		am (P-1455	P-14554/92; A-860)
(P-12314/92; A-1884) 310.450		an		(P-14001/92; A-1819)	280.138	ат	(P-12810/92; A-805)	V	am (P-1456	P-14563/92; A-1947)
n (F-12314/92; A-1884) 510.455 am		am		(F-14001/92; A-1819)	305.20	am	(P-2462)			E-665) (P-2718)
(F-12314/92, A-1884)		am		(P-14001/92, A-1819)	315.10	am	(P-202)	210.105 a		
(P-12314/92; A-1884; 310.540		am		(P-14001/92; A-1819)	315.30	am	(F-202)			(P-2/18)
310.Ap.C		am		(P-14001/92; A-1819)	315.40	u	(P-202)		am (P-2718)	(-3343)
A-1884)		am		(P-14001/92; A-1819)	315.50	n	(P-202)			(E-665) (P-2718)
am (P-12314/92; A-1884) 310.Ap.A am		am		(PP-498) (P-13179/92;	315.60	u	(P-202)			(E-665) (P-2718)
(P-12314/92; A-1884)				A-590)	590.10	am	(P-2466)	210.130 an	am (P-2718)	
(P-12314/92; A-1884) .Tb.M		u		(P-13179/92; A-590)	756.210	am	(P-14004/92; A-1848)		am (P-3104)	
(P-12314/92; A-1884)		am		(PP-498)				530.125 am		
(P-12314/92; A-1884) 310.Ap.B		am		(P-13679/92; A-238)	TITLE 86			535.101 n		(P-15340/92; A-3042)
	Ü	am		(P-191)	100.3100	am	(P-222) (E-473)	535.105 n		(P-15340/92; A-3042)
420.330 am	am			(P-15342/92; A-1652)	100.3400	am	(P-222) (E-473)	535.110 n		(P-15340/92; A-3042)
620.130 am	am		0	(P-11724/92; P-12409/92;	100.7010	am	(P-222) (E-473)	535.115 n	(P-1534	(P-15340/92; A-3042)
	>	>	>	W-869) (P-91; W-869)	105.100	п	(P-219) (E-445)	535.120 n	(P-1534	(P-15340/92: A-3042)
1650.210 am (am (P-12384/92; A-1631)	105.110	и	(P-219) (E-445)		(P-1534	(P-15340/92; A-3042)
n (P-12314/92; A-1884) 1650.230 am		am ((P-12384/92; A-1631)	105.120	u	(P-219) (E-445)		(P-1534	(P-15340/92: A-3042)
n (P-12314/92; A-1884) 1650.240 am (F	am ((P-12384/92; A-1631)	105.200	п	(P-219) (E-445)		(P-1534	P-15340/92 A-3042)
n (P-5205/92; RC-1244) 1650.290 am (F	am (T)	P-12384/92; A-1631)	105.210	п	(P-219) (E-445)	535.140 n	(P-1534	P-15340/92 A-3042)
n (P-5205/92; RC-1244) 1650.330 am (J	am ()		P-12384/92; A-1631)	105.220	u	(P-219) (E-445)	535.145 n	(P-1534	P-15340/92; A-3042)
1650.340 am (am ()		P-12384/92; A-1631)	105.230	п	(P-219) (E-445)			
1650.370 am	am (P-12384/92; A-1631)	105.300	п	(P-219) (E-445)	TITLE 89		
am (P-4755/92; O-1242) 1650.410 am (аш (_	P-12384/92; A-1631)	105.310	п	(P-219) (E-445)	103.25 n	(P-1417	(P-14178/92: A-655)
is 1650.450 am	am			(P-12384/92; A-1631)	105.320	n	(P-219) (E-445)	103.35 n	(P-1417	P-14178/92; A-655)
n (E-432; O-3056) (P-683) 1650.460 am		am		(P-12384/92; A-1631)	105.330	п	(P-219) (E-445)	104.216 am		E-659)
		am		(P-12384/92; A-1631)	105.340	u	(P-219) (E-445)	110.30 am		(P-13207/92; A-640)
(E-432; O-3056) (P-683)		am		(P-12384/92; A-1631)	105.400	п	(P-219) (E-445)	111.101 am		(P-16491/92; A-3213)
(E-432; O-3056) (P-683)		am		(P-12384/92; A-1631)	105.410	п	(P-219) (E-445)	112.9 ат		(P-13381/92; A-813)
(E-432; O-3056) (P-683) 1650.620		am		(P-12384/92; A-1631)	105.420	п	(P-219) (E-445)	112.70 am		P-3335/92; A-357)
(E-432; O-3056) (P-683)		am		(P-12384/92; A-1631)	105.430	п	(P-219) (E-445)	112.71 am		P-3335/92; A-357)
O-3056) (P-683)		am		(P-12384/92; A-1631)	105.440	n	(P-219) (E-445)	112.72 am		(P-3335/92; A-357)
	20	am		(P-12384/92; A-1631)	105.450	n	(P-219) (E-445)	112.74 am		(P-3335/92; A-357)
		аш		(P-2449)	105.460	п	(P-219) (E-445)	112.78 am		(P-3335/92; A-357)
		am		(P-2449)	105.470	п	(P-219) (E-445)	112.79 am		(P-3335/92: A-357)
n (E-432; O-3056) (P-683) 2650.15 am		am		(P-2449)	105.500	n	(P-219) (E-445)	112.82 am		(P-3335/92: A-357)
n (E-432; O-3056) (P-683) 2650.25 am	am			(P-2449)	105.510	u	(P-219) (E-445)	A		P-14522/92. A-813)
am (P-1695) (E-2031) 2650.30 am	am			(P-2449)	105 520	=	(P-219) (E-445)			(210 11 12)
(P-1605) (E-2031) , 2650 40 n				(P-2440)	105 500	4 ((5-4-7) (5-4-7)			
(F-1093) (E-2031) 2030.40		= 1		(L-442)	103.000	п	(P-219) (E-445)			
		Ξ.		(P-2449)	105.700	п	(P-219) (E-445)	112.253 am	n (P-46)	
		п		(P-2449)	105.800	u	(P-219) (E-445)	112.254 am		
2650.70 n		п		(P-2449)	105.810	п	(P-219) (E-445)	112.330 am		P-15277/92; A-2253)
					105.900	п	(P-219) (E-445)			P-13383/92; A-827)
(P-17187/92; A-3169) TITL	TITLE 83				105.910	п	(P-219) (E-445)	113.154 r		(P-14999/92; A-2263)
		am		(P-13703/92; A-798)	105.920	а	(P-219) (E-445)	113.253 am		
am (P-13679/92; A-238)					105.1000	п	(P-219) (E-445)	113.260 am		

	March 12, 1993	
ILLINOIS REGISTER	SECTIONS AFFECTED INDEX	
	olume 17, Issue #11	
	March 12, 1993	
ILLINOIS REGISTER	SECTIONS AFFECTED INDEX	
	lume 17, Issue #11	

		ILLINOIS REGISTER	GISTER					ILLING	ILLINOIS REGISTER		
Volume 17,		Issue #11 SECTIONS AFFECTED INDEX	TED INDE	X	March 12, 1993	olume 17, I	Issue	#11	SECTIONS AFFECTED INDEX	XX	March 12, 1993
TITLE 89 (CONT'D	(L,D)		144.205	am	(P-2477)	TITLE 89 (CONT'D)	6		337 40		(P_7000/07: A_1046)
113.330	п	(P-14533/92; A-3202)	144.230	п	(P-899)	302.20 am	ÈE	(P-7565/92: A-274)	337.50	= =	
113.410	am	(P-14533/92; A-3202)	144.250	am	(P-2477)	0	am	(P-2460) (E-2513)	337.60	1 5	
114.9	аш	(P-13395/92; A-1091)	147.5	am	(P-1716)		am	(P-7545/92; A-251)	337.70	u	
114.120	am	(P-15810/92; A-3255)	147.Tb.C	am	(P-1716)	309.1 r		(P-7982/92; A-1044)	337.80	п	
114.121	ı	(P-15810/92; A-3255)	147.Tb.F	am	(P-1716)	309.2 r		(P-7982/92; A-1044)	337.90	п	
114.124	,	(P-15810/92; A-3255)	147.150	am	(P-13215/92; A-1128)	309.3 r		(P-7982/92; A-1044)	337.100	u	
114.125	ı	(P-15810/92; A-3255)	147.205	аш		309.4 r		(P-7982/92; A-1044)	337.110	п	(P-7999/92; A-1046)
114.126	ı	(P-15810/92; A-3255)	148.25	u		309.5 r		(P-7982/92; A-1044)	337.120	п	
114.127	ы	(P-15810/92; A-3255)	148.30	am		309.6 r		(P-7982/92; A-1044)	337.130	п	(P-7999/92; A-1046)
114.128	ы	(P-15810/92; A-3255)	148.40	am		309.7 r		(P-7982/92; A-1044)	337.140	п	(P-7999/92; A-1046)
114.129	ī	(P-15810/92; A-3255)	148.50	am		309.8 r		(P-7982/92; A-1044)	337.150	п	
114.130	L	(P-15810/92; A-3255).	148.60	am		309.9 r		(P-7982/92; A-1044)	337.160	п	(P-7999/92; A-1046)
114.135	,	(P-15810/92; A-3255)	148.70	am		309.10 r		(P-7982/92; A-1044)	337.170	п	(P-7999/92; A-1046)
114.270	b -1	(P-15008/92; A-2277)	148.80	am		309.11 r		(P-7982/92; A-1044)	337.180	п	(P-7999/92; A-1046)
114.420	am	(P-15008/92; A-2277)	148.120	am		309.12 r		(P-7982/92; A-1044)	337.190	п	
114.430	аш	(P-15008/92; A-2277)	148.130	am	(P-14540/92; A-3296)	309.13 r		(P-7982/92; A-1044)	337,200	п	(P-7999/92; A-1046)
116.400	аш	(P-13764/92; A-1078)	148.140	am		309.14 r		(P-7982/92; A-1044)	337.210	п	(P-7999/92; A-1046)
116.520	ı,	(P-13764/92; A-1078)	148.150	am	(P-14540/92; A-3296)	309.15 r		(P-7982/92; A-1044)	337.220	п	
116.400	am	(P-13764/92; A-1078)	148.160	аш	(P-14540/92; A-3296)	309.16 r		(P-7982/92; A-1044)	337,230	u	
117.15	п	(P-2126) (E-2368)	148.170	am	(P-14540/92; A-3296)	309.17 r		(P-7982/92; A-1044)	337.240	п	(P-7999/92: A-1046)
120.61	am	(P-2114)	148.180	am	(P-14540/92; A-3296)	309.18 r		(P-7982/92; A-1044)	337,250	п	(P-7999/92: A-1046)
120.70	am	(P-711)	148.190	am	(P-14540/92; A-3296)	309.19 r			377.2	am	(P-7553/92: A-259)
120.73	п	(P-711)	148.200	am	(P-14540/92; A-3296)	309.20 r		(P-7982/92; A-1044)	377,4	am	(P-7553/92: A-259)
120.75	и	(P-711)	148.210	am	(P-14540/92; A-3296)	309.21 r			378.1	1	(P-7561/92; A-272)
120.385	ы	(P-14544/92; A-1102)	148.220	аш	(P-14540/92; A-3296)	309.22 r		(P-7982/92; A-1044)	378.2	<u></u>	(P-7561/92: A-272)
121.3	am	(P-13385/92; A-644)	148.230	am	(P-14540/92; A-3296)	309.23 r		(P-7982/92; A-1044)	378.3	b-s	(P-7561/92; A-272)
121.41	am	(P-13385/92; A-644)	148.240	am	(P-14540/92; A-3296)	330.5 ar	am	(P-1259)	378.4	(ma	(P-7561/92; A-272)
121.59	аш	(P-13385/92; A-644)	148.250	am		330.6 am	н	(P-1259)	402.15	am	(P-11707/92; A-267)
121.76	п	(P-13385/92; A-644)	148.260	am	(P-14540/92; A-3296)	336.10 n		(P-7963/92; A-1026)	505.5	am	(P-1731)
140.19	аш	(P-62)	148.270	am	(P-14540/92; A-3296)	336.20 n		(P-7963/92; A-1026)	505.10	am	(P-1731)
140.80	п	(P-15019/92; A-3421)	148.280	am	(P-14540/92; A-3296)	336.30 п		(P-7963/92; A-1026)	505.30	am	(P-1731)
140.82	п	(P-15019/92; A-3421)	148.290	am	(P-14540/92; A-3296)	336.40 п		(P-7963/92; A-1026)	505.40	аш	(P-1731)
140.84	п	(P-15019/92; A-3421)	148.310	am	(P-14540/92; A-3296)	336.50 п		(P-7963/92; A-1026)	505.50	ати	(P-1731)
140.94	am	(P-15019/92; A-3421)	148.320	am	(P-14540/92; A-3296)	336.60 n		(P-7963/92; A-1026)	505.60	am	(P-1731)
140.95	am	(P-15019/92; A-3421)	149.10	u	(P-14535/92; A-3217)	336.70 n		(P-7963/92; A-1026)	505.70	ап	(P-1731)
140.492	am	(P-13397/92; O-1241;	149.25	am	(P-14535/92; A-3217)	336.80 n		(P-7963/92; A-1026)	505.80	апі	(P-1731)
		A-2290; R-2436; F-3058)	149.50	аш	(P-14535/92; A-3217)	336.90 n		(P-7963/92; A-1026)	525.500	E	(P-947)
140.525	am	(P-13211/92; A-837)	149.75	аш	(P-14535/92; A-3217)	336.100 n		(P-7963/92; A-1026)	567.20	am	(P-10403/92; A-149)
140.538	аш	(P-13211/92; A-837)	149.100	am	(P-14535/92; A-3217)	336.110 п		(P-7963/92; A-1026)	567.30	апл	(P-10403/92; A-149)
140.700	am	(P-7576/92; A-1112)	149.105	am	(P-14535/92; A-3217)	336.120 n		(P-7963/92; A-1026)	567,100	апт	(P-10403/92; A-149)
140.Tb.K	am	(P-15296/92; A-2951)	149,125	am	(P-14535/92; A-3217)	336.130 n		(P-7963/92; A-1026)	587.610	п	(P-952)
144.5	am	(P-2477)	149.140	11	(P-14535/92; A-3217)	336.140 n		(P-7963/92; A-1026)	592.50	апл	(P-1375)
144.25	am	(P-2477)	149.150	am	(P-14535/92; A-3217)	336.150 n		(P-7963/92; A-1026)	592.80	аш	(P-1375)
144.50	am	(P-2477)	160.85	п	(P-8892/92; A-2272)	336,160 n		(P-7963/92; A-1026)	680.300	пв	(P-943)
144.75	am	(P-2477)	165.70	am	(P-2110)	336.170 n		(P-7963/92; A-1026)	730,700	t _m	(P-10397/92; A-425)
144.125	am	(P-2477)	220.625	am	(P-883) (E-1179)	337.10 n		(P-7999/92; A-1046)	827.10	апл	(P-77)
144.150	аш	(P-2477)	220.635	am	(P-883) (E-1179)	337.20 n		(P-7999/92; A-1046)	827.30	am	(P-77)
144.175	аш	(P-2477)	240.729	n	(P-12251/92; A-224)	337.30 n		(P-7999/92; A-1046)	827.40	am	(P-77)

(P-542) (P-542) (P-542) (P-566) (P-564) (P-566)	
(P-542) (P-542) (P-566) (P-542) (P-542)	(P-542) (P-542) (P-542) (P-542) (P-543) (P-542) (P-542) (P-564) (P-563) (P-564) (P-564) (P-564) (P-564) (P-564) (P-564) (P-564) (P-564) (P-565) (P-566
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	200
2520.300 2520.300 2520.301 2520.301	2520.300 2520.300 2520.301 2520.301 2520.302 2520.303 2520.303 2520.304 2520.304 2520.400 2520.403 2520.403 2520.403 2520.403
(P-542) (P-566)	(P-500) (P-542) (P-542) (P-542) (P-542) (P-542) (P-542) (P-542) (P-542) (P-542) (P-542) (P-542) (P-542) (P-542) (P-542) (P-542) (P-542)
2520.202 2520.203 2520.203	2520.202 2520.203 2520.203 2520.204 2520.204 2520.205 2520.205 2520.206 2520.207 2520.207 2520.208
(P-3110) (P-3110)	(P-3110) (P-3110) (P-3110) (P-3110) (P-3110) (P-3110) (P-3110) (P-3110) (P-2186) (P-2186) (P-2186) (P-2186) (P-281) (P-981) (P-981) (P-981)
u	
	451.II.D 451.10 451.10 451.10 451.10 451.10 451.10 451.10 453.10 453.20 453.20 453.20 522.20 522.20 522.80 522.80
(P-1767)	(P-1767) (P-1767) (P-1767) (P-1767) (P-1767) (P-1767) (P-1767) (P-1767) (P-1767) (P-1767) (P-1767) (P-1767) (P-1767) (P-1767)
	67.30 n 67.50 n 67.50 n 67.70 n 67.80 n 67.10 n 67.110 n 67.130 n 67.140 n 77.10 n
	67.40 67.50 67.70 67.70 67.10 67.10 67.11 67.11 67.12 67.13 67.14 67.14 67.14 67.14